INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04454

4508 CERTIFICATE OF DEATH

Reg. Dist. No. 30 /

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	· · · · · · · · · · · · · · · · · · ·
	COUNTY COASH ING TON MARYLAND	STATE PA COUNTY FRAN	KLIN Co.
	CITY (If outside corporete limits write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give neare	ist town)
X	OR and give nearest town) () TOWN WILLIAMS BOYT . 22 days	TOWN WALLES boro R	t, 4
9	HOSPITAL OR	STREET (If rural give location)	75× 3
10	STREET ADDRESS 154 NA APTIZAN 35	ADDRESS	737.3
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Dey) (Year)
	(Type or Print) Helen M. A	lexander DEATH April	20, 1,56
		OF BIRTH 9. AGE lest birthdey IF UNDER 1	
	Female White Specify Mai	ach 5,1871 85 yrs. Months	Deys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
1	done during most of working life, even if OR INDUSTRY	Englair and	COUNTRY?
1	rollind House wife Own Home	recerick (D. Niai)	415,
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
В	IIMAN Norris	Catherine Menta	er
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	Flenake
0	(Yes, no, or unk.) (If Yas, giva war or dates of service)	Arnold, Md Rt. 1	
0	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	ONSET AND DEATH
	332 X IMMEDIATE CAUSE (A) Fronchio pr	union co.	48 hr.
	ANTECEDENT CAUSE(S) DUE TO	~ / : ~ ~	
	DISEASES OR CONDITIONS, IF ANY, (B) GREEKER 201	artour cleres c	
	GIVING RISE TO THE ABOVE CAUSE DUE TO	. 0	
	STATING UNDERLYING CAUSE LAST. (C) Cerebral	Himmen Pron- Ca	5-10 yre.
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	, oviceva cos	1
	TO THE DEATH BUT NOT RELATED TO THE		
	DISEASE OR CONDITION CAUSING DEATH.		
2	198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20, AUTOPSY?
0			YES NO
	21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (Count	y) (State)
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
	M. et work Not while		
	20 14 12 12 12 12 12 12 12 12 12 12 12 12 12	28 10 56 to Plan 20 10 56 1441	last saw the decessed
- 1	22. I hereby certify that I attended the deceased from 1717.	19 of	asi saw ille deceased
	alive on 17 1 2 2 19 0 6 and that death occurred a	at	above.
10M	SIGNATURE / /	ADDRESS (Street, city, town, state)	DATE SIGNED
	Edward W. J. 180 III. M.D.	217 W. Washing ton St.	4/21/56
1-55	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY O	4.7	(Stata)
U	REMOVAL (SPECIFY) 1 23-1956 United Bre		
A15C	Dundan Traco	The series of th	
VS	24. RECO BY REGISTRAR - REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
	and 25 19517 1 m 51	Tan 18 Topsen	haran +
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CERTIFICATE OF DEATH

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MALEYAND STATE DEPARTMENT OF MEALTH-EALTHMORE, TO

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 4460

04456

Reg. Dist. No. 302

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEAS	ED
COUNTY WASHINGTON	MARYLAND	STATE MARYLA	AND COUNTY WAS	SHINGTON
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY		eta limits, writa RURAL and glva r	aarast lown)
STOWN and GIVE AGERSTOWN	(in this look RS3	TOWN HAGER	RSTOWN	2
HOSPITAL OR	1	STREET	(If rural give locatio	n)
INSTITUTION OF	NTY HOSPITAL	ADDOCCC	REDERICK ST.	
3. NAME OF (First) DECEASED TABLE	(Middla)	(Last)	4. DATE (Month)	(Dey) (Year)
(Type or Print) EARL SHI	FFLER BA	KER	DEATH APRI	L 3 19 56
S. SEX 6. COLOR OR 7. SINGLE, MAR	RIED, 8. DATE O	F BIRTH 9	. AGE lest birthday IF UND	DER 1 YEAR IF UNDER 24 HE
IALE WHITE SPONTER	(TEB) 11/2	23/1888	67 yrs. Months	Deys Hours Min
10e, USUAL OCCUPATION (Give kind of work done during most of working life, even if	IND OF BUSINESS	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT
RETIRED CLERK	ST OFFICE	MARYLAND	CENTED SET 1	O.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
CHARLES S. BAKER		FANNIE SHI	FFLER	
	16. SOCIAL SECURITY NO.	17. INFORMANT & AI		HAGERSTOWN
(Yes, not Ounk.) (If Yes, give war or dates of service)	NONE	MRS. BEUI	LAH K. BAKER	MD.
A DISTANCE OF CONDITIONS DISCOUNT ISABING TO BEAT	18. MEDICAL CER	TIFICATION		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	7 . []			ONSET AND DEATH
MMEDIATE CAUSE (A)	yes we car	diac Failure		8 weeks
ANTECEDENT CAUSE(S) DUE TO		77		Charles St. Dalli
DISEASES OR CONDITIONS, IF ANY, (B) Art.	erioscleroti	c Heart Dise	ase with	14 weeks
STATING UNDERLYING CAUSE LAST. DUE TO THE	ocardial Inf			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	cific Apotic	Stenosis		20-40 yrs
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
196. DATE OF OPERATION 196. MAJOR FINDING	S OF OPERATION			20. AUTOPSY?
				YES NO
	ma, ferm, factory, , office bldg., etc.)	No. WHERE DID INJURY OCCUR	? (City or town) (C	ounty) (State)
	a. INJURY OCCURRED	21f. HOW DID INJURY OCCUR	?	
	work at work			
22. I hereby certify that I attended the deco	eased from 11-5-4	6, 19 to 4	-3, 19.5.6, that	I last saw the decease
alive on	d that death occurred at	4:15AM, from the ca	auses and on the date sta	ated above.
SIGNATURE		ADDR	ESS (Street, city, town, stata)	DATE SIGNE
Dalton M. Well	M.D.			
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or cou	nty) (State)
BURIAL 4/5/56	J BEAVER	CREEK CEM.	WASHINGTON	CO MD
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR		2S. FUNERAL DIRECTOR'S S		CO. MD.
Al 1 12-1 110 111	2-12/201	1237 Has	- Harri	7
10 1956 Chastill	gerrer .	- romes	a progra	www /M

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t be retained by the ital or offending physician.	JNERAL DIRECTOR: Wer this certificate has been signed by the ottending physicion and campletely filled in by the funerold in	e 3 should be detoched for use as the burial-tronsit permit. Then please remove corbon popers. Pages 1 and 2 <u>sho</u> uld be filed	registror prior to burial, cremation, or removal, and in any event within 72 hours after death.
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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
4461	CERTIFICATE OF DEATH	Re

()4457 ag. Dist. No. 302

Washington	MARYLAND	Maryland	b. COUNTShin	gton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		outside corporate limits, write RURAL and	
Hagerstown ve.	25 years	Hagerstow	n	0.3
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE
1,22 Bower Ave		122 Bo	wer Ave.	ON A FARM?
3. NAME OF First	Middle	Lost	4. DATE Month	Day Year
(Type or print) RUSSEL	SAMUEL	BATES	DEATH April	27 1956
5. SEX 6. COLOR OR RACE 7- MAR		B. DATE OF SIRTH	9. AGE (In years IF UNDE	ER 1 YEAR IF UNDER 24 HRS.
Male White WIDOW	/ED DIVORCED	Feb. 24, 188	0 lost birthday) Months	
10o. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country) 12. C	ITIZEN OF WHAT COUNTRY?
Night Watchman H	erald-Mail	Stephens	City, Vir.	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME	
Samuel Bates		Mar	y Congill	
	SOCIAL SECURITY NO. 17.	INFORMANT	122 Bower A	ve
	13-16-0568 M	rs.Rose Pat	es Hagerstown	.Md.
18. CAUSE OF DEATH [Enter only one cause per I		1 0		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	(2)	. Orely		ONSET AND DEATH
1420.0 DUE TO	The news	· coun		7
1	+	0 1	4 68	(50-
Conditions, if any, which gave rise to immediate	vun s	elento 1	veest deser	0/16
cause (a), stating the under-				
lying cause lost. (c)	CONTRIBUTION TO DESTRUCT			
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE CONDITION GIVEN IN PA	PERFORMED?
S ACCIDENT MAS HAIRENIAN S TO LOSE DE	COURT HOW IN INCOME OF COLUMN			YES NO
CR CONTRIBUTING LI CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port I or Port II of item 18.}	
		ACE OF INJURY (Home, form	20f. (City or town)	(County) (State)
Hour a. ft. p. m. 19 While	1401 WILLS	ctory, street, office bldg., etc.	•} #	
21. I certify that I attended the decease	sed from 3-/	-, 1956, ta_	4-27 1956 that 1	l last saw the deceased
alive an 4-24 190	7	- 4	M, fram the causes and on	
15	1/		ADDRESS (Street, city or town, stote)	DATE SIGNED
SIGNATURE A. TWA	esta .	un Steel	under law	1 4/27/2
- 1	-/~	M.D	and war in y	
PHYSICIAN'S NAME (Type)	11TI ST			
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or county)	(State)
Burial April 29	56 Greenhill	Cemetery	Stephens City	.Virginia
23. FUNERAL DIRECTOR'S SIGNATURE	1 ADDRESS	240. REC'I	D BY REGISTRAR 246 REGISTRAR'S S	
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Jy 1116	TOR:	detached	ror prior ta burial, cremotian, ar remavol, and in any event within 72 haurs after death.
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-	SA	TO FUNERAL DIRECTOR: First this certificate has been signed by the attending physicion and campletely filled in by the funera	🕱 page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be)
	214	7/	33	

MARYLAND STATE DEPARTA 4453 CERTIFIC	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY WAShing & to W MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE DENALA b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 14-7-9-85-76-41 2 WKs	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION WAShington County Hespital	d. STREET ADDRESS 3.79 Errot Britimence 5t ves 10 NO X
3. NAME OF DECEASED (Type or print) Rachael HENRI	Ha Brewer DEATH 4 22 1956
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days Haurs Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE HOUSE (CEVID)	ng Franklin CS. PA. USA
13. FATHER'S NAME Adam Nicklus	14. MOTHER'S MAIDEN NAME Mary M. Oylere
(Yes, no, or unknown) (If yes, give wor or dotes of service)	William C. Brewer Greenster
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate coese (a), stoling the underlying cause last. (c)	lucoury reduce libors - hor entrio selvo tie heart disions ? Swe al years
Trabetes we	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED? YES NO PERFORMED? YES NO PERFORMED?
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P	PLACE OF INJURY (Home, form, octory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that I attended the deceased from ?] alive an 4/2-1, 1956, and that deat ACTUAL SIGNATURE SOLU IV, Italian (vales) PHYSICIAN'S NAME (Type)	1956, ta 4/22, 1956, that I last saw the deceased the occurred at 45 1.M. from the causes and on the date stated above. 104 w. w. Street, city or toyn, stole) M.D. street, street, city or toyn, stole M.D. street, street, city or toyn, stole 4-23-16
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 4/VJ/J6 4/N CO/A	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Comptany Chambers bung Pro.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DETAIL 19, DATE LONG BY REGISTRAR'S SIGNATURE LONG BY 19 10 10 10 10 10 10 10 10 10 10 10 10 10

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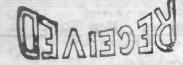
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VS A15 (4) 15M 9/55

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MARYLAND S	TATE DEPARTM	ENT OF HEALTH-BALTIMO	ORE, 18
4464	CERTIFICA	ATE OF DEATH	Reg. Dist. 1
		2. USUAL RESIDENCE (Where deceased lived.	If institution: Residence b

		MARYLAND	STATE DEPARTM	MENT OF HEALTH	I—BALTIMORE, 1	8	1460
		4464	CERTIFIC	ATE OF DEATH			302
	PLACE OF DEATH	Washington	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md .	ere deceased lived. If institution b. COUNTY	Residence before	
	B. CITY OR TOWN (RURAL ond give no Hagerst	If outside corporate limits, write earest town) OWT	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporote limits, write RI Hagerstown	JRAL and give near	est fown)
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street Wahhington C		d. STREET ADDRESS RFD #	3	e	IS RESIDENCE ON A FARM? YES NO PS
	NAME OF DECEASED (Type or print)	Elizabeth	Middle Ann	Brookley	4. DATE Mont OF Apr		Yeor 1956
	sex Cemale	6. COLOR OR RACE 7. MAR WHITE WIDOW		May 7, 1881	9. AGE (In years lost birthday) 74 yrs.	Months Days	Hours Min.
100	during most of wor	ON (Give kind of work done 10b king life, even if retired) WIFE OV	m home	Worceste		12. CITIZEN OF	WHAT COUNTRY?
13.	FATHER'S NAME	Joseph E. Mos	ık	14. MOTHER'S MAIDEN N	Ann Huds	on	
5. (Ye	WAS DECEASED EVE	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		rs. Peggy Ar	n Shaw, Hag		, Md.
ATION	Conditions, if o gove rise to i carse (o), sloting lying couse lost.	the under-	Lesfied as CONTRIBUTING TO DEATH BU	the Hesse De Highways The Blin T NOT RELATED TO THE TERMIN Alelithe	Candline for	EN IN PART I(0) 19	WAS AUTOPSY PERFORMEDY YES DE NO
IL CERTIFIC	OR CONTRIBUTING	MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRI				7
MEDICA	20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Day, Year 20d. While of wo	Not while to	LACE OF INJURY (Home, form, octory, street, office bldg., etc.	20f. (City or town)	(County)	(Stote)
	21. I certify the alive on Actual SIGNATURE PHYSICIAN'S NAME (Type)	nat I attended the decear well? 18: where he was a second of the secon	_ /		JM, from the causes a NDDRESS (Street, city or town, such section)	nd an the date	w the deceased e stated above. DATE SIGNED
	burial (Specify)	ロドエ・エン・エンン	The state of the s	DR CREMATORY ME Cemetery	22d. LOCATION (City, town, o Worcester,	r county) New Yorl	(Stote)
	FUNERAL DIRECTOR		ADDRESS Son, Hagerst	101	BY REGISTRAR 24b. REGIS	TRAR'S SIGNATURE	esse



APR 24 1956

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. Washington e. IS RESIDENCE ON A FARM? YES NO Month Day Year 56 April 19 IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Haurs YES 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address ghfield, Md. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO 14 (County) (State) DATE SIGNED (Stote) 24b. REGISTRAR'S SIGNATURE austr

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DECEIVED

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requires that the death certificate be executed within 24 hours after dec

4G PHYSICIAN: The low

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04462

		44	65	CERT	IFICA	ATE OF DEATH	Dr	Hoackla	Reg. Dist	t. No.	302
1.	PLACE OF DEATH o. COUNTY	gton		MAR	YLAND	2. USUAL RESIDENCE (When o. STATE	re deceased	lived. If institution b. COUNTY		e before odr	nission)
	b. CITY OR TOWN (If RURAL and give ned		s, write	c. LENGTH OF STAY	'IN 16	c. CITY OR TOWN (If our	tside corpor	ote limits, write RI	JRAL ond gi	ive nearest to	own)
6	100	gerstown		1 Wee	k	Hagers	stown				0.
7	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS				e. 15	RESIDENCE
2	Washingto	on County	Ho	spital		32 Summer	St.				□ NO D
3.	NAME OF DECEASED	Fir	st	Middle		Last	4. DATE OF	Mon	th	Day	Year
L	(Type or print)	CLIFTON		EDWARD)	CORNELL	DEATH	April	. 21	1956	19
5.	SEX	6. COLOR OR RACE	7. MARE	HED WEVER MARRI	ED 🔲	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)			NDER 24 HRS.
L	Male	White	WIDOW			March 8 18	98	58 yrs.	Months	Doys Hou	ers Min.
10	during most of worki	N (Give kind of work of ing life, even if retired)	lone 10b.	KIND OF BUSINESS C	OR INDUS	TRY 11. BIRTHPLACE (Stote or	foreign co	untry)	12. CITIZ	ZEN OF WH	AT COUNTRY
L	Labore		W.	L.R.R.		Falling V	Vater	s W. Va	U	SA	
13	FATHER'S NAME					14. MOTHER'S MAIDEN NA	ME				
	E	dward C.	Corr	nell		No Re	cord				
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO). 17. II	NFORMANT		Addr	ess		
	No	-	1	14-18-04	4 E.	lla M. Corne	211 3	2 Summe	r St		
1	197000000000000000000000000000000000000	TH [Enter only one co	use per li	ne for (a), (b), and (c).	-]	hagerst	town	Ma.		INTERVAL ONSET A	BETWEEN ND DEATH
н		IMMEDIATE CAUSE (o		19/m	U7 "	in I mp	. 145			6.	125
	450,0	DUE TO		1 1		/				6	7
	Conditions, if on gove rise to im			42+12	10.5	clarusis					ſ
	couse (o), stoting to										
1,	lying couse lost.) (c									
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE	CONDITION GIV	EN IN PART	PER	REFORMED?
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED). (Enter noture of injury in Po	rt I or Port	II of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour a. ft. p. m.	Month, Day, Yeo	While of wor	NJURY OCCURRED Not while t of work	20e. PLA foc	CE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City	or town)	(Co	ounty)	(Stote)
	21. I certify the alive on 21	of I attended the	deceas	ed from Afri	<u>الـا</u> death	occurred at 6 A	M, from	the causes a	nd on the	ast saw the	ne deceased ated above

ACTUAL SIGNATURE

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)

22c. NAME OF CEMETERY OR CREMATORY

Cemetery

22d. LOCATION (City, town, or county)

(Stote)

DATE SIGNED

23. FUNERAL DIRECTOR'S SIGNATURE Coffnen Hagerstown Md.

ADDRESS

utheran

24a. REC'D BY REGISTRAR

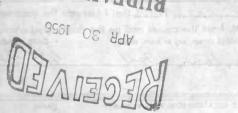
24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55

may be retained by TO HOSPITAL OR

page 3 should be detached the registrar prior to burial,

BUREAU V. S.



MARYLAND STATE DEPARTMENT OF HEALTH

4466

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

302 Reg. Dist. No.

04463

1. PLACE OF DEATH- COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED FRANKLIN CO.
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN AND AND AND AND AND AND AND AND AND AN
HOSPITAL OR INSTITUTION OR Working the County Hosp.	STREET (If rural, give location) ADDRESS AND
3. NAME OF (First) (Middle) DECEASED (Type or Print) DIGHT THY	COSS 4. DATE (Month) Day) (Year)
5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday II under 1 year Much. 3/, 1956 3 days mrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY USUAL OF BUSINESS OF INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIEN OF WHAT COUNTRY?
13. FATHER'S NAME WIS M. COSS	MARIN LOWIST MARTIN.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS PLETE Leve, Pa
18. MEDICAL CEI	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Interval Between Onset and Deate
760. Immediate cause (a) Menor togic	Themma of elight theps 2 1+ days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last eden.	Ten (Cerefallum) with 2/2+ days.
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not further the corresponding to the death of the disease or condition causing death.	fice exam. I time not
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yee ⋈ No □
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mr. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from L 3/	1916, to apr3, 1916, that I last saw the deceased
alive on 7, 10, and that death occurred at SIGNATURE (Degree or title)	148 W. work. H. Hagers tom W 4/3 156.
REMOVAL (Speedly) 4/5/56 Ref.	TY OR CREMATORY LOCATION (City, town, or county) (State)
AEG., 4, 1956 REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR DECENSEL
208/21.2392	P4.

BUREAU V. S.

DECEIVED

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MARGIN RESERVED FOR BINDING

4510 CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No 3 CT

0)		. 11062
. The	1. PLACE OF DEATH COUNTY Washing to MARYLAND 2. USUAL RESIDENCE (HOME) OF DECEASED. STATEWEST VIRGINIA COU	Ntyefferson
Supply every item of information carefully. write the causes of death clearly and legibly.	CITY (If outside corporate limits, write RURAL and OR OR TOWN Shepherds town	d give nearest town)
n car	HOSPITAL OR INSTITUTION OR STREET ADDRESS Md. Route 34 STREET ADDRESS Main Street	n)
matic	3. NAME OF DECEASED (Elest) (Middle) (Last) OF (Month) OF DEATH 4—	2 (Day) (Year) 2 619
infor ath cle	Male WIDOWED DIVORCED May 17, 1904 51 yrs. Mg	aths Page Hours Min.
of des	10a. USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired) INDUSTR' Farming 11. BIRTHIPLACE (State or foreign country) Shenandoah Junction, W. Va.	12. CITIZEN OF WHAT
auses	William Lee Creamer Bertha Mae Boyer	
ly ever	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of Shepherdstown, West Va.	reamer
Supp	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATHER THE SENTE	INTERVAL BETWEEN ONSET AND DEATH
INK.	823 XAntecedent cause (s) Diseases or conditions. If any. (b)	porter
NG I	giving rise to the above cause	
FADI	stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS	
MITH UNFADING INK.	Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
WITH	21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, (CITY OR, TOWN) / (COUN	Yes 🗆 No 🗅
LY. I	PRIMARY FOR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID NJURY OCCURRED William OCCURRED HOW DID NJURY OCCURRED HOW	1 my
AIN	INJURY 4 - 27-51 11 m. work at work of Speeding in lura crish	inf into the
WRITE PLAINLY is especially	22. I certify that I took charge of the remains described above, held an Autopsy □, Inspection □, Inquiry □ thereon of obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in from: natural causes □, accident □, suicide □, homicide □, undetermined □.	my opinion resulted
WR.	SIGNATURE (Degree of title) ADDRESS An SW. Sitter med aim dequation mg	DATE SIGNED
PLEASE	23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETERY OF CREMATORY LOCATION (City, town, or	county) (State)
PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIFECTOR	ADDRESS Ders Ferry

BUREAU V. S.

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OR	ined	DIREC	ld be	prior
TO HOSPITAL OR ATTEN G PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dea	may be retained by the expital ar ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directal	page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed wit	the registrar priar to buriol, cremation, or remaval, and in any eyent-within 72 hours after death.
HOS	nay b	FS.	egoc	he reg
5	-	2	-	-

VS A15 (4) 15M 9/55

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Page 4

		CERTIFIC	AIL OF BLAIR		Reg. Dist. N	No.502
1. PLACE OF DEATH o. COUNTY Washin	gton	MARYLAND	2. USUAL RESIDENCE (Whe	TET b. CC	nstitution: Residence be	efore admission)
b. CITY OR TOWN (If RURAL and give nea	outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside carporote limits,	write RURAL and give	riearest town)
03 Hagers	1	3 Mos	Hagerst	own		
OR INSTITUTION	Nursing Hom		d. street Address 328 Radoli	ff Ave		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	'First	Middle EE	DARLINGTON	4. DATE OF DEATH		Day Year 1956 19
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In	years IF UNDER 1 YE	AR IF UNDER 24 HRS
Female	White WIDOW	EDXIX DIVORCED	July 18 18	379 Jost birth	yrs. Months Day	s Hours Min.
100. USUAL OCCUPATIO during most of worki HOUSEWIT	ng life, even if retired)	Own Home	USTRY 11. BIRTHPLACE (Stote o			OF WHAT COUNTE
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA			
J.	William Robe	erts	Eliza	Cushwa		
	IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 32-26-7124 A	Mrs C.M. Cast	tle 2737	Address Patterson	n Ave
Conditions, if on gove rise to in couse (o), stoting the lying couse lost.	y, which mediate he under-	tenosclera	tinot related to the termin	t dise	idse .	idef.
Su ACCIDENT WAS	mehitis, c	bronic;	emplepel	ma		PERFORMED? YES NO
20c. TIME OF INJURY Hour a. gr. p. m.	While		PLACE OF INJURY (Home, farm, octory, meet, office bldg., etc.)	20f. (City or town)	(Coun	ty) (Stote
actual SIGNATURE	to I attended the decease 4 - 21 1950 Interest 7. We add	Keadle	M.D. Hoge	M, from the could be considered to the course of the cours	town, stote)	date stated above DATE SIGN
220. BURIAL, CREMATION REMOVAL (Specify)	4/25/56	Green Hill	Cemetery Ma		Berkele	
23. FUNERAL DIRECTOR'S Andrew K		ADDRESS Lgerstown Mo	20	BY REGISTRAR 24b	REGISTRAR'S SIGNA	TURE

CERTIFICATE OF DEATH

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04466

	44	168	CERTIF	ICA	ATE OF DEAT	Н		Reg. Dist. I	No. 302
1. PLACE OF DEATH a. COUNTY			MARYL	AND	2. USUAL RESIDENCE (W		lived. If institution		
	ngton				Marylan			Washi	- 3
b. CITY OR TOWN (II	f autside carporate lim arest town)	its, write	c. LENGTH OF STAY IN	4 1P	c. CITY OR TOWN (IF	autside corpora	ite limits, write RU	IRAL and give	nearest town)
23 Hagers			7 days		H	agersto	wn		
d. NAME OF HOSPITA	AL (If nat in haspital,	give street	address)		d. STREET ADDRESS		1110-211		e. IS RESIDENCE ON A FARM?
	ngton Cour	ity Ho	ospital		823 Medwa	y Rd.			YES NO Z
3. NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE	Month	1	Day Year
(Type or print)	NICOLA			DAT	TILIO	OF DEATH	April		13 19 56
5. SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	П	8. DATE OF BIRTH	1	. AGE (In years		AR IF UNDER 24 HRS.
Male	White	WIDOWI			January 30.	1893	last birthday)	Months Day	s Hours Min.
	N (Give kind af wark	done 10b.	KIND OF BUSINESS OR	INDU:	STRY 11. BIRTHPLACE (State	ar foreign cou	I	12. CITIZEN	OF WHAT COUNTRY
Drill Opera		0	ement Plant				alv		
13. FATHER'S NAME	1.001	100	ement Flant		Vasto Che		aly	Uei	S.A.
Giorg	nna Dattil	io							
IS. WAS DECEASED EVER			SOCIAL SECURITY NO.	117 11	Ma. NFORMANT	Ty	Addre		
(Yes. no. or unknown)	If yes, give war or dates of	ervice)	L3-10-6775			17.14 0			
no			ne for (a), (b), and (c).]	INI	. Louis Datt	TT10 3	ecurity,	Maryl	and
Canditians, if ar gave rise ta in cause (a), stating t lying cause last.	the <u>under-</u>	Po	stoperal	two	Lou Not related to the term	able (arcino	oma	3 yeans
ZO- ACCIDENT WA					O. (Enter nature of injury in			N IN PART I(C	PERFORMED? YES NO W
OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)				r (emer nature of injury in				
Y 20c. TIME OF INJURY Hour a. jr. p. m.	Month, Day, Ye	ar 20d. It While at work	Not while	Oe. PLA	ACE OF INJURY (Home, farm tory, street, affice bldg., etc	n, 20f. (City o	er town)	(Coun	ty) (State)
21. I certify the alive on	of lattended the	decease 18.3 HVL	-/	leath Q,	., 19 <u>53</u> , 10 accurred at 5.20 f w.b. 145 W W w.ρ bell	ADDRESS (SIRE M.D		nd on the	saw the deceased date stated above DATE SIGNED MA
22g. BURIAL, CREMATION REMOVAL (Specify) BURIAL	4/16/195		Mose Hill		e crematory netery	22d. LOCATIO	town, or	county)	(State)
23. FUNERAL DIRECTOR'S	1. The ingrest	gerst	ADDRESS cown, Maryla	ınd	24a. REC	D BY REGISTRA	AR 24by REGIST	rar's signa	TURE

VS A15 (4) 15M 9/55

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H	ma)	page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 si	the registrar prior to burial, cremation, or removal, and in any event within 72 hauts after death.
TO HOSPITAL OR ATTENTING PHYSICIAN: The law requires that the death certificate be executed within 24 hours at	may be retained by the bital or altending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the		_
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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	0.4.4.034
4511 CERTIFICATE OF DEATH	1)4467 1. Dist. No. 30/
1. PLACE OF DEATH o. COUNTY Washington MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of the county washing the co	
/ b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write PURAL)	ond give nearest tawn)
Williamsport Lifetime Williamsport	×
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 201 S. Artizan St. 201 S. Artizan St.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle Last 4. DATE Manth OF OF DEATH April 1	Day Year 2 1956
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UN	DER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED UCTOBER 1.1885 70 yrs. 6	ths Days Hours Min.
Trouting most of working life, even if refired)	CITIZEN OF WHAT COUNTRY
Housewife At Home Near Williamsport, Md.	USA
John Theodore Gossard Irene Josie Barnes	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO. 117 INFORMANT	rtizan St.
[Ver. no. of whom) [If yes, give wor of dotes of service] None Mr. Harry A. Davis Williams	port Ma.
18. CAUSE OF DEATH {Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate cause (a), stating the under-	J
Iying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. jn. p. m. 19 While at wark	(Caunty) (State)
	it I last saw the deceased in the date stated above
Burial Cremation, 22b. Daty Hereof 22c. Name of Cemetery or Crematory 22d. Location (giy, town, or cound Burial April 4,1956 Greenlawn Cemetery Will amanonts	Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE	e MElroy

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		of splanes \$, 17 a. SEC. 200 Proles 180704. SECONDS

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4469 CERTIFICATE OF DEATH

04468

			<u> </u>				•		Reg. D	ist. No	20	1
1. PLACE OF DEATH o. COUNTY	Washington		MARY	LAND		ence (who		d lived. If institut b. COUNTY	ion: Reside Wash	nce befo	re odmiss	ion)
RURAL and give	(If outside corporate lime nearest town)	its, write	c. LENGTH OF STAY	IN 1b	7.1	own (If or		rote limits, write l	RURAL ond	give ned	prest fown)
OR INSTITUTIO	PITAL (If not in hospitol, g				d. STREET A	DDRESS		ington S	t	1		IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Fii Lida		Middle May		Dayton		4. DATE OF DEATH	Mor		3	,	Yeor 19 56
5. SEX female	6. COLOR OR RACE white	7. MARR	IED NEVER MARRIE		B. DATE OF BIRTH			9. AGE (In years lost by the doy) yrs.	Months	R 1 YEAR Days	Hours	R 24 HRS. Min.
during most of w	TION (Give kind of work vorking life, even if retired duties	done 10b.	KIND OF BUSINESS O	RINDU		nklin		Penna.	12. CI		F WHAT	COUNTRY
13. FATHER'S NAME Hug	gh B. Blair				14. MOTHER'S		AME E. G	reer				
15. WAS DECEASED E (Yes, no, or unknown)	VER IN U. S. ARMED FOR (If yes, give wor or dates of t	service)	social security no none	100	nformant 's. Hilda	Norm	ent	Add Conococh	eague	, Md		
	ng the <u>under-</u>	1	Circhal	au	rident	7				ON	Jea	DEATH
ICATIC	OTHER SIGNIFICANT CON WAS UNDERLYING NG CAUSE OF DEATH		CRIBE HOW INJURY O						VEN IN PA	RT 1(0) 1	PERFO	AUTOPSY RMED? NO
OK CONTRIBUTION (IF EITHER, NOTING 20c. TIME OF INJ Hour o. r p. r	IURY Month, Day, Yen.	or 20d. It	NJURY OCCURRED Not white		ACE OF INJURY (I			or town)		(County)		(Stote)
actual signature Physician's	that I attended the /21/56	12	and that	5/5 death	/		_M, fran	n the causes of treet, city or town, tomac S	and an i	the da	te state	
220. BURIAL, CREMA REMOVAL (Spec	^{ify)} 4-5-56	Weel OF	22c. NAME OF CEMI Rose				Cl	TION (City, town, earsprin	g			d.
23. FUNERAL DIRECT	OR'S SIGNATURE		APDRESS			240. REC'E	BY REGIST	RAR 245 REG	STRAR'S S	IGNATU	RE	

Date . 6. 1956

moy be retained by the third or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. S PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter dea

TO HOSPITAL OR ATTEN

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		2340	CERTIFICATE OF DEATH Reg. Dist. No. 30					302
	1. PLACE OF DEATH a. COUNTY	WASHINGTON	MARYLAND	2. USUAL RESIDENCE (WO. STATE MARYI	here deceased I	b. COUNTY	n: Residence befo	re admission)
3	b. CITY OR TOWN RURAL and cive	N (If autside corporate limits, write coorest town RSTOWN	LIFE			te limits, write RU	b. COUNTY WASHINGTON mits, write RURAL and give nearest town) VE. ON A FARM? YES NO X APRIL SE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.) BOTOWN APRIL ON A FARM? YES NO X AMONTH Day Year A 19 56 SE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? U. S. A. INTERVAL BETWEEN ONSEJ AND DEATH ONSEJ AND DEA	
8/1	d. NAME OF HOS OR INSTITUTION WADHI	NGTON COUNTY	et oddress) HOSPITAL	d. STREET ADDRESS 406 BROC	KLINE	AVE.		
	3. NAME OF DECEASED (Type or print)	EMMA First	Middle IRENE	DIBERT	4. DATE OF DEATH			
	5. SEX FEMALE	WHITE WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 7/26/189	36	lost birthdoy) 59yrs.		
)4	HOUSEW	ATION (Give kind of work done 10 vorking life, even if retired)	HOME	MARYL	AND	ntry)		
	DAVID	FRANK BOWER		ALICE H				
0	15. WAS DECEASED I	EVER IN U. S. ARMED FORCES? 1 [If yes, give wor or dates of service]	6. SOCIAL SECURITY NO. 17. 1 220-34-0805	MR HARRY	H. DIE	BERT	AGERSTO	WN
	Canditions, it gave rise to cause (o), stati	ng the under-	Rulming Greteral	J= mb Sforme €	pych	nyduh		4 days
2	20g. ACCIDENT	WAS LINDERLYING TI 20b. D					N IN PART I(o)	PERFORMED?
	OR CONTRIBUTION (IF EITHER, NOT 20c. TIME OF IN. Hour o	m. Whi	f.	ACE OF INJURY (Home, far ctory, street, office bldg., et	m, 20f. (City o	r town)	(County)	(State)
	21. I certify alive an	that I attended the decent			CE (Where deceased lived. If institution: Residence before admission) RYLAND b. COUNTY WASHINGTON (N (If outside corporate limits, write RURAL and give nearest town) ERSTOWN RESS ROOKLINE AVE. 1. DATE ON A FARM? PERSTOWN 1. Day Year ON A FARM? PERSTOWN 1. Day Year ON A FARM? PERSTOWN 1. Day Year ON A FARM? PERSTOWN 1. DOUBER 1 YEAR IF UNDER 24 HRS. INTERVAL BETWEEN ONSEL AND DEATH RYLAND 1. CITIZEN OF WHAT COUNTRY? RYLAND 1. DIBERT Addread ERSTOWN MON. 1. INTERVAL BETWEEN ONSEL AND DEATH STORY ON ONSEL AND DEATH AND ONSEL AND DEATH ADDRESS (City or town) 1. (County) 1. (State) 1. OCCUPY			
	PHYSICIAN'S NAME (Type)	Fldir D	Hoachlon	h B	0-91	ectin-		1
				R CREMATORY	22d LOCATIO	3NI /City town or	county	(State)
	220. BURIAL, CREMA REMOVAL (Special Control of Control	L 4/27/56	FUNKSTOWN	CEM.				

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

()4472 Reg. Dist. No. 302

1	o. COUNTY Washington	MARYLAND	II o. STATE	- L COUNTY	Washington
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16			AL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street or institution washington County	oddress) y Hospital	d. STREET ADDRESS 41 East	Antietam St.	e. IS RESIDENCE ON A FARM? YES NO 🔯
	3. NAME OF DECEASED (Type or print) IEONA	Middle	Lost FLETCHER	4. DATE Month OF DEATH April	24 19 56
		OUNTY Washington MARYLAND O. STATE Maryland b. COUNTY Wash ITTO R TOWN (if outside corporate limit, write RURAL and give marches) Hagerstown Hage			Onths Days Hours Min.
	10o. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	b. COUNTY Washington b. COUNTY Washington b. CITY OR TOWN (If outside corporate limits, write and control of the control of				
		SOCIAL SECURITY NO. 117. I			
)	(Yes no or unknown) . At was give was as dates of service)				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) MY LACO Conditions, if any, which gove rise to immediate cosse (o), staling the under	ocardial Inf	tic Heart D		NINTERVAL BETWEEN ONSET AND DEATH 8 hours 2 years
2		mia 2	2 years		I IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES X NO
		Not while for	ACE OF INJURY (Home, farm clory, street, office bldg., etc	n, 20f. (City or town)	(County) (State)
	actual signature of toy M. PHYSICIAN'S	College and that death	accurred at 3:30	PM, fram the causes and ADDRESS (Street, city or town, sta	d an the date stated above. DATE SIGNED
	220. BURIAL, CREMATION, REMOVAL (Specify)	22c. NAME OF CEMETERY O			
	23, FUNERAL DIRECTOR'S SIGNATURE of ome	ADDRESS rstown, Maryla	24a. REC		RAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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45	CERTIFIC	ATE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH c. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where o. STATE	deceased lived. If institution b. COUNTY	n: Residence befare admission) Wash.
b. CITY OR TOWN (If autside corporate limits, RURAL and give nearest town) Smithsburg	write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outsi	ide corporate limits, write RU	RAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in haspital, give OR INSTITUTION 11 N. Main	e street address)	d. STREET ADDRESS	in St.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Sara	Middle Candice	Fost 4	DATE Manth OF DEATH	Doy Year April 10 19 56
Panala mhite	MARRIED NEVER MARRIED DIVORCED DIVORCED		9. AGE (In years last burshday) 71 yrs.	F UNDER 1 YEAR F UNDER 24 HRS. Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af work do during most af working life, even if retired) inspector	shirt factor			12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME James Hugh	hes	14. MOTHER'S MAIDEN NAM	Rachael	Milekin
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no. or unknown) (If yes, give war or dates of servi	ricel	Frank Fost, S	Addre Smithsburg,	Md •
Canditions, if ony, which gove rise to immediate cause (a), stoting the under-lying cause last. PART II. OTHER SIGNIFICANT CONDI	Arteriosclo			PERFORMED?
PART II. OTHER SIGNIFICANT CONDI 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CIF EITHER, NOTIFY MEDICAL EXAMINER	0b. DESCRIBE HOW INJURY OCCURR	₹ED. (Enter nature of injury in Por	t Lar Port II of item 18.)	YES NO DZ
20c. TIME OF INJURY Month, Doy, Year Haur a.m. 19	20d. INJURY OCCURRED 20e. F While Nat while at wark of wark	PLACE OF INJURY (Hame, farm, foctory, street, office bldg., etc.)	20f. (City or tawn)	(County) (State)
21. I certify that I attended the dalive an 4/9. ACTUAL SIGNATURE Charles F. PHYSICIAN'S Charles F.	Hess, MD.	th accurred at #133A M.D. Smith	M, fram the causes ar	d. 4/10/56
22a. BURIAL, CREMATION, REMOVAL (Specify) 4-12-19:	56 Warfordsbur	rg Presby. de	2d. LOCATION (City, lown, or	Ishura Pa.
23. FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnich	ADDRESS & Son Smithsh	11 114	BY REGISTRAR 24b. REGIST	TRAR'S SIGNATURE

VS A1S (4) 1SM 9/55

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			US DESCRIPTION OF THE STREET O
A Appel of Season on Broad a			
		District Control	
BUREAU V. E.	AND PARTY OF THE P	Str. 160 pa (21)	
DECEIVED 1956			COMPANY CORLING F. Head
REVISOR	don wdaerk	100 10110	.uggs7 6=18=1,953
		ministration of	Door F. Blaken & Front

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

director. for your 3 to puo may within 24 hours Give Pages 40 Page Fife po PM3. with form alang pending in orwarded to the Chief FUNERAL DIRECTOR: cute the certificate, y DEPUTY

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A1S (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4474

CERTIFICATE OF DEATH

()4477 Reg. Dist. No. 302

1. PLACE OF DEATH O. COUNTY Washington MARYL	2. USUAL RESIDENCE (Where deceased fived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown 30 years	
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 128 Fairground Ave.	d. STREET ADDRESS 128 Fairground Ave. e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
(1)	Harnish Lost 4. DATE OF DEATH April 28 Doy Yeor 1956
S. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	TOOK TOUR HOURS Hours Alin
Tool & Die Maker Aircraft Aircraft	RINDUSTRY 11. BIRTHPLACE (Stole or foreign country) Near Greencastle Pa
13. FATHER'S NAME Harry M. Harnish	Nora E. Omwake
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (1961, no. or unknown) (1974, give war or dotes of service) 214-09-493	Mrs. Helen Harnish Hagerstown Md.
ІСАТК	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEA
	20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (City or town) (County) (Stote)
PHYSICIAN'S F. F. L US by	death accurred at 240 AM, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) M.D. 230 November 28 grs.
Bariani 4-30-56 Rest Have	en Cemetery Hagerstown Md. (Stote)
Scott F. Minnich & Son Hagers	stown Md. 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

TA CERTIFICATE OF DEATH "The Subsection of the Company of the State of the Company of the tiens Greenoughle 2. BUREAU 9561 & YAM trestant one visit the end of - of - of ten a librario esta esta de la la la constanti de la constanti M

VS A1S (4) 1SM 9/SS

G PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4475 **CERTIFICATE OF DEATH** 04478

_					real pini ito.
1.	PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (WHO I STATE Maryla	ere deceased lived. If institution b. COUNTY	Residence before admission) Washington
0	b. CITY OR TOWN (If outside carporate limits, wri RURAL and give nearest lawn) Hagers town	60 years		outside corporate limits, write RU	RAL and give nearest tawn)
8	d. NAME OF HOSPITAL (If not in hospitol, give str OR INSTITUTION Washington Cour		d. STREET ADDRESS	Franklin St.	e. IS RESIDENCE ON A FARM? YES NO 🔼
3.	NAME OF DECEASED (Type or print) Minnie	Middle	rrison	4. DATE Month OF DEATH April	12 Year 19 56
5.		MARRIED MEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Jan. 2, 187	last highland	FUNDER I YEAR IF UNDER 24 HRS. Months Days Haurs Min.
10	o. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) HOUSE WITE	Own Home		or foreign country) OWn W. Va.	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	_1
	B. Frank Lewis		Alice Di	ivine	
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? es no. or unknown) (It yes, give wor or dates of service)		oe R. Harris	son Hagerst	To di
	PART I. DEATH Enter only one cause por PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	er line far (a), (b), and (c).] Wemia			INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate cause (o), stoting the underlying cause last.	Lyputassir	1-V-R	Disease	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITION LUCIDIO ACCIDENT WAS LINDERLYING TO 20th.	NS CONTRIBUTING O DEATH BUT	refuel Cest	Tima	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CER	20c. TIME OF INJURY Month, Day, Year 20 Hour o. m.	hile Nat while fac	ACE OF INJURY (Home, farm clory, street, office bldg., etc	20f. (City or town)	(County) (State)
ME	21. I certify that I attended the decorative on april 1	eased from Feb. 11 956, and that death			that I last saw the deceased and on the date stated above. DATE SIGNED #-/3
27	a. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, tawn, or	county) (State)
	Burial 4-15-56	Rose Hill		Hagerstow	
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			RAR'S SIGNATURE
1 5	Scott F. Minnich & S	on Hagerstow	m Md. She	11/195 /26	14/doeword

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PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deat

TO HOSPITAL OR ATTENT

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4476

CERTIFICATE OF DEATH

04479

				Reg. Dist. No. 244
PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (WH	ere deceased lived. If institution	: Residence before admission)
Washington	MARYLAND	Maryla	nd b. COUNTY	Washington
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write RUI	RAL and give nearest town)
RURAL ond give neorest town) Hagerstown	8 years	Hagersto	īm	
d. NAME OF HOSPITAL (If not in hospital, give street	oddress)	d. STREET ADDRESS	****	e. IS RESIDENCE
or institution 610 Sunset Ave		610 Sunset	Ave.	ON A FARM? YES NO
NAME OF First DECEASED (Type or print) ROSE	MAE Middle	Lost HEMPHTLL	4. DATE Month OF DEATH April	26 19 56
	RIED NEVER MARRIED	8. DATE OF BIRTH		F UNDER 1 YEAR IF UNDER 24 HRS
Female White widow	ED TO DIVORCED	August 20,18	73 lost birthdoy) 82 yrs.	Months Days Hours Min.
0o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTR
Housewife 3. FATHER'S NAME		14. MOTHER'S MAIDEN N	le, Maryland	U.S.A.
John Davis			Ellen Hines	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give wor or dates of service)		INFORMANT Ivid A. Hemphi	Addres 11 Hagerstown,	
18. CAUSE OF DEATH [Enter only one cause per lin	ne for (o), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		Pooleur	m	ONSET AND DEATH
MMEDIATE CAUSE (o)	111	Indiowo Cub	0	- name
Conditions, if ony, which)	Hyletune	Ender no Cul	er brocese	6 kes
gove rise to immediate	Joseph C			
lying couse lost.				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	F NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CRISE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port 1 or Part II of item 18.)	
	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	, 20f. (City or town)	(County) (State
Hour o. m. 10 While	Not while fo	ctory, street, office bldg., etc.		(Coomy) (Store
	11 11 11	2 87 /6	40214 0	
21. I certify that lattended the deceas		, 194 , to C		that I last saw the deceas
alive on the table	6 , and that death	occurred at //		d on the date stated above
ACTUAL Oliver HAR em		1400	ADDRESS (Street, city or town, st	ote) DATE SIGN
SIGNATURE		.M.D.	your ma	17116
PHYSICIAN'S NAME (Type)				
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	DR CREMATORY	22d. LOCATION (City, town, or	county) (Stote)
REMOVAL (Specify) Burial 4/28/1956	Rose Hill (Cemetery	Hagerstown. M	arvland
3. FUNERAL DIRECTOR'S SIGNATURE 9 form	ADDRESS			RAR'S SIGNATURE
7 110 10000.	horm Marriand	Ab.		A Hoga anara

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PHYSICIAM: The law requires that the deoth certificate be executed within 24 hours ofter deap

TO HOSPITAL OR

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

04481

4477 Dr.P.J. Hirshman

302 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	ashington	1	MARYLAN	II O STATE	Marvi		lived. If institution b. COUNTY			re admissi	
b. CITY OR TOWN (f outside corporate limi		ENGTH OF STAY IN	1b c. CITY OF	2 2		ote limits, write f	URAL and			
RURAL and give in			2 days	Ha	gersto	own					0
	AL (If not in hospital, g	ive street addre	ess)	d. STREET						e. IS RESI	DENCE
	gton Cour	ty Hos	spital	362	South	Can	non Ave	Э.			FARM?
3. NAME OF DECEASED	Fir	rst	Middle	La	ost	4. DATE	Mor	ith	Da	y Y	Year
(Type or print)	CORA	LEE	E HOR	FRAN		OF DEATH	Apri		8.	1	19 56
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIR	тн		9. AGE (In years lost birthday)	IF UNDER			R 24 HRS.
fengle	white	WIDOWED	DIVORCED	March	12,19		39 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATION during most of work	ON (Give kind of work	done 10b. KIND	OF BUSINESS OR IN	DUSTRY 11. BIRTHI	PLACE (State of	r foreign co	untry)	12. CIT	IZEN O	F WHAT	COUNTRY
Tee-e		stown	Shoe Co.	7	esburg		rginia		USA		
13. FATHER'S NAME				14. MOTHER	'S MAIDEN NA	ME					
Grove	C. Gray			Ca	rrie!	L. Ba	allard				
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR		IAL SECURITY NO.	7. INFORMANT	2000		Add	ress			
No		- 220	-20-353\$	Mrs. Ca	rrie	L. S.	tone				100
Conditions, if a gave rise to it couse (o), stoting lying cause lost.	the <u>under-</u> DUE TO)		Ventrew						30	og s
E E	IER SIGNIFICANT CON							EN IN PAR	T 1(o) 1	PERFO	RMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCU	RRED. (Enter nature	of injury in Po	ert I or Port	Il of item 18.)	4		74.5	
20c. TIME OF INJUR Hour a. p. p. m.	Y Month, Day, Yeo	While	Not while at work	PLACE OF INJURY factory, street, offi		20f. (City	or town)	((County)		(Stote)
21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Typo)	at attended the pull of the Philip J.	Leman	,_, and that de	ath accurred a							
220. BURIAL, CREMATIO REMOVAL (Specify)	4-13-56		Rose Hil			40.00	ON (City, town, erstown		,	(Stote)
23. FUNERAL DIRECTOR			ADDRESS		240. REC'D	BY REGISTR	AR 24b. REGI	STRAR'S SIC	NATUR	E	
Andrew K	Coffign	-Harer	etown 1	brefrre	ales.	17 19	7114	51 L/4	190	PANE	

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DECENTED

January I.

SANDAROL P. E. STANDARON WINDOWN IN

PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after dea

TO HOSPITAL OR ATTEN

may be relained by the bit of attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremalian, ar removal, and in any event within 72 haurs after death. 80 0 VS A15 (4) 15M 9/55

044,82,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		45	516	CER	TIFICA	ATE OF D	EATH			Reg. Dist. No	440	F1
1.	PLACE OF DEATH a. COUNTY WASh	ington		M	ARYLAND	2. USUAL RESID		re deceased liv	ed. If institution		ore admissi	on)
	b. CITY OR TOWN (IF	outside corporate lim	its, write	c. LENGTH OF S	TAY IN 16			tside corporate	limits, write RUI		arest town)
1	RURAL and give nec			27	yrs	The second second second		irplay		V		
	d. NAME OF HOSPITA		give street		7 4 9	d. STREET AL		as pau,			e. IS RESI	DENCE
	OR INSTITUTION	av RFD#	1			Fairple	v R	FD #1			YES A	FARM?
3.	NAME OF DECEASED	1ffordij			ddle	Lost		4. DATE OF DEATH	Month April		•	reor 1956
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MA	RRIED	8. DATE OF BIRTH		9.	AGE (In years	F UNDER I YEAR		
	Male	White	WIDOWI		RCED 🗌	Dec. 22	,188	7	68 yrs.	13	Hours	Min.
100	during most of worki	N (Give kind of work ing life, even if retired)	arming	S OR INDU	-		r foreign count		12. CITIZEN C		COUNTRY
13.	FATHER'S NAME					14. MOTHER'S						
	Joseph	Househol	der			Annie	Tru	mpower				
15. (Ye	WAS DECEASED EVER	IN U. S. ARMED FOR f yes, give war or dates of	CES? 16.	SOCIAL SECURITY	NO. 17. 1					Fairpl er RF	ay D#1	Md.
	Conditions, if an gave rise to im couse (o), stoting to lying couse lost.	he <u>under-</u> DUE TO		new	t «X			-	1		W	Tes of
FICATION		ER SIGNIFICANT CON								IN PART I(a)	PERFOR	RMED?
CERT	OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	200. DE30	CRIBE HOW INJUR	OCCURRE	D. (Enter noture of	injury in ro	er tor Port II (of item IB.)			
MEDICA	20c. TIME OF INJURY Hour a. jr. p. m.	Month, Day, Ye	ar 20d. It While ot work	Not while of work	20e PL	ACE OF INJURY IH	ome, farm, bldg., etc.)	20f. (City or	town)	(County)		(State)
22.	21. I certify the alive on		9	ed from 4	9	occurred at	Di.	DDRESS'(Street	ne causes and city or town, sty	hel	ne state	
220	BURIAL CREMATION REMOVAL (Specify)	April 7	.195	St. P.		R CREMATORY Cemeter			(City, town, or		(Stote)	
23.	FUNERAL DIRECTOR'S	SIGNATURE	1	ADDRESS					24b. REGISTI			1
1	1 Vbotto	. Jen	L	Willia	manor	t. Ma.	DATELLA	wil hat	1 6 X	on n	ne	lun

CERTIFICATE OF DEATH

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Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Reg. Dist. No. 302

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Lost	4. DATE OF	Mon	ith	Doy 30	Year 56
nes	DEATH				19
OF BIRTH		9. AGE (In years lost birthday)			IDER 24 HRS.
ril 21, 19	56	yrs.	Months D	ys Hou	rs Min.
BIRTHPLACE (State	or foreign co	ountry)	12. CITIZ	EN OF WH	AT COUNTRY?
Hagerstow	n, Md	•		U.S.A.	
OTHER'S MAIDEN N	AME	411			
Ruth Hol	lensh	ead			
NT		Add	ress		
th Jones	Hage	erstown,	Md.		
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ATED TO THE TERMIN	AL DISEA	CONDITION GIV	EN IN PART	I(o) 19. WA PERI YES [FORMEDA
noture of injury in P	art I or Port	If of item 18.)	31		7
NJURY (Home, form, et, office bldg., etc.)	20f. (City	or town)	(Co	unty)	(Stote)
19 6 to 4	173.	19	that I la	st saw th	e deceased
red at		the causes o			
		reet, city or town			DATE SIGNED
119	SA	int to	7 111	4	130/1
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tery		ION (City, town, corstown	or county)		id.
249. REC'D	BY REGISTI	RAR 24b. REGIS	TRAR'S SIGN	Buse	ers

Fred W. Kraiss VS A15 (4)

within 24 hours ofter

executed

death

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Hagerstown, Marylander, 14.195

VS. A15ME(5)

DEPUTY

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ALTEMEDICAL EXAMINER'S CERTIFICATE OF DEATH

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-	-BALT	IMORE,	18
4400	CEDTIEICATE	OF	DEATH	Dr	Lusby	

04485 No. 302

4480

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY shin	gton		MA	RYLAND	2. USUAL RESI	9 - 9	450	lived. If institution b. COUNTY		nce befo	re admis	ion)
	If outside carporate limit	s, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR	TOWN (If a	utside corpor	ate limits, write F	URAL and	give ne	arest fow	1)
RURAL and give n	erstown	-0.0	7 19	leek	He	gerst	town					0
d. NAME OF HOSPI	TAL (If not in hospital, gi	ve street o			d. STREET	<u> </u>					e. IS RES	IDENCE
OR INSTITUTION	County Hos	and i to	al		9	24 M	lber	ry Ave				FARM?
	Firs	*	Midd	lla .	lo:		4. DATE	Mar	41.			
3. NAME OF DECEASED (Type or print)	JOHN		EDWARI		KEPLIN		OF DEATH	April	. 20	195	-0	Year 19
5. SEX		7. MARRI	ED NEVER MAR	RIED 🔲	B. DATE OF BIRT	Н		 AGE (In years lost birthday) 	Manths	Days	IF UND	ER 24 HRS.
Male		WIDOWE		-	Jany		1909	4/ yrs.	Moninis	Duys	nours	Min.
anting most at wor	ON (Give kind of work d king life, even if retired) eman Pangi		~	OR INDU		ersto			12. CI	TIZEN C		COUNTRY
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
Howar	d C. Kepl:	nge	r		L	one V	Viddo	WS				
	R IN U. S. ARMED FOR	ES? 16. S	OCIAL SECURITY N	IO. 17. I	NFORMANT			Add	ress			
No.	(If yes, give wor or dates of se	3.	14-09-59	397	Lrs Ga	ynell	L Kep	linger	la cran		wn	Ma
Conditions, if a gave rise to i couse (a), stating lying cause last. PART II. OTI	the <u>under</u> DUE TO (c) HER SIGNIFICANT CONE	DITIONS <u>C</u>	ONTRIBUTING TO E			F 0 F 2			VEN IN PA		19. WAS PERFO YES	+
20c. TIME OF INJUR Hour a. n. p. m.	RY Month, Day, Yea	white at work	Not while at work		ACE OF INJURY (stary, street, office			or town)		(County)		(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	4/23/56	1250 sbi	O, ond the	METERY O	M.D. 234 Ha	yer.	Locat	in the couses of the couse	state)	he do	te state	ed above
4		U.		1		A. REC'E	7-3 14	3 4 H	2 A LL	1	KE	01
Andrew K	. Coffman	nag	er.scown	3.00		THE PARTY	1110	- com	WILL	100	200	V

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Z V VA	BUKE TO THE TOTAL THE TOTA		To the second of

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TO DEPUTY MEDICAL "CAMINER: This certificate shauld be executed within 24 hours offer death. If any delay is necessor cute the certificate and the ward "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the funeral director. Poger farworded to the Chief Medical Examiner's Office along with farm PM3. Poge 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1, and 2 with the registrar prior to-burial. or remayol.

VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

8 ()4486 Reg. Dist. No. 302

	COUNTY	Washingto	On	MARY	LAND	2. USUAL RESIDENCE o. STATE Md	200 100	ased lived. If institu	Y		
b. 1	CITY OR TOWN I	If outside corporate limits,		c. LENGTH OF STAY				orporote limits, write		hingto	
0.3	and give nearest law			2 days		**	gersto				0.5
d.	NAME OF HOSPI			hospital, give street address	6)	d. STREET ADDRESS	0	16.2	4.0		RESIDENCE
00		. Foundry				113 N	. Foun	dry St			NA FARM?
3. N/	LME OF		First	Middle		Last	4. DATE	Mont	h	Day	Year
-DE (Ty	pe or print) (A	llen) Al	bert			Knor	OF DEATH			2.0	19 56
5. SEX		6. COLOR OR RA	CE 7. MA	RRIED NEVER MARRIED	8.	DATE OF BIRTH	1 -43.5	9. AGE (In years fast birthday)	IF UNDER 1	YEAR IF UN	DER 24 HRS.
	male	white	WIDO	WED DIVORCED [o F	eb. 15, 188	37	69 yrs.	Months D	ays Hours	Min.
10a. L	SUAL OCCUPATI	ON (Give kind of wo	ork done 10	, KIND OF BUSINESS OR I	INDUSTR	Y 11. BIRTHPLACE (SI	ote or foreign	country)	12. CITIZI	EN OF WHA	COUNTRY
gur	produce	business	101	self		Baltimon	re. Md.			U.XS.	A.
13. F/	THER'S NAME					14. MOTHER'S MAIDE					
	Cha	rles Juli	us Kn	or	450	Clara	Stewar	rt			
	AS DECEASED EN	ER IN U. S. ARMED		16. SOCIAL SECURITY NO.	17. IN	FORMANT		Address			
grus, re	no	(If yes, give war or date	s or service)	unknown	Mr	s. Mary Kno	or E	Baltimore,	Md.		
CERTIFICATION	420. / Conditions, if a averise to imme a), stoting the ause lost.	diate couse underlying DUE HER SIGNIFICANT CO	(o)	Acute CONTRIBUTING TO DEATH COHOLISM RIBE HOW INJURY OCCUR NONE	1 8UT N		RMINAL DISEA		/EN IN PART	ONSET AND D	
MEDICAL	Hour o.m. p. m.	RY Month, Day,	W	d. INJURY OCCURRED 20 hile Not while work of work	e. PLAC factor	E OF INJURY (Home, firy, street, office bldg., none	orm, 20f. (Ci etc.)	ity or town)	(Coun	(y) —	(Stote)
		from: Noture	ol couses	e remoins described Accident [],	Suic			Inspection X		, and	find tha
	CTUAL IGNATURE), Tot	reil	le ell	7	M.D. CHIEF MEDICAL				DATE	SIGNED
	XAMINER'S IAME (Type)	S. Rober	t Well	ls, M.D.		ASSISTANT MEDICAL			4-19	-56	
22o. B	URIAL, CREMATIC EMOVAL (Specify BURIAL	1 22b. DATE THE		22c. NAME OF CEMETE Cathedra		CREMATORY		ATION (City, town, Ltimore	or county)	(Sto	
	d W. Kra		gerst	ADDRESS own . Md.		1	C'D BY REGIS	40	STRAR'S SIGN	NATURE 3000	24/

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VS A15 (4) 15M 9/55

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ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMO	KE, 18	

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMO
4482	CERTIFICATE OF DEATH
7700	

Res	9.	Dist.	No.	30	7
	-	-	-		

04487

4489	<u> </u>		Reg. Di	st. No. OUX,
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where decease a. STATE Marvland	b. COUNTY	ce before admission)
	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carp		
03 Hagerstown	27 years	Hagerstown		Q.
d. NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION	ddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO TO
3. NAME OF First	Middle	Lost 4. DATE		
DECEASED (Type or print) Edward	William	Lambert 4. DATE OF DEATH	H April	Doy Year 12 19 56
5. SEX 6. COLOR OR RACE 7. MARRIE	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER last birthday) Months	1 YEAR IF UNDER 24 HRS.
Male White WIDOWE	DIVORCED [Aug. 13, 1893	62 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind af work done 10b. K during most of working life, even if retired)	IND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote or foreign	country) 12. CIT	IZEN OF WHAT COUNTRY
Painter	House	Tilghmantor	n Md	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Edward E. Lamber	rt	Lilly M.	Smith	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. S (Yes. no. or unknown) (If yes, give war or dates of service)	OCIAL SECURITY NO. 17. H	NFORMANT	Address	
	4-09-6511 M	rs. Thelma T. I	ambert Hag	erstown Md.
18. CAUSE OF DEATH [Enter only one cause per line	for (o), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Ebral Hemon	Muse		ONSET AND DEATH
443X DUE TO MU				
Conditions, if any, which				•
gave rise to immediate cause (a), stating the under-lying cause last.	vertensive C	- V- Diene, Mys	andil Failure	24n+
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PAR	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CO	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I ar Po	ort II of item 18.)	is no ya
	Not while foo	ACE OF INJURY (Hame, farm, later) 20f. (Citory, street, affice bldg., etc.)	ty or town) (0	County) (State)
21. I certify that I attended the decease	d from 2/17/	, 1956, to 4/12	30 5/- 11-41	last saw the deceased
		accurred at 1005 AM, fro		
TO 1	sz, dha mar deam		Street, city or town, state)	ne aare statea abave
ACTUAL J J Musky		M.D. 230 N Poterman	(134356
PHYSICIAN'S F. F. LUS by			,	W
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCA	ATION (City, tawn, or caunty)	(State)
Burial 4-14-56	Manor Cemet	ery Near	Tilghmanto	nMd_
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGIS		
Scott F. Minnich & Son	Hagerstow	m Md. 18.16.19	95 Toursty	Bowers

BUREAU V. 3261 81 A9A INITO SIG

Second F. Minneton & Jan Coveration 1986 of Astenday Co.

to the Chief L DIRECTOR:

forworded to

VS. A15ME(5)

5M 9/55

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DEPUTY cute the

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 307 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY Washington b. COUNTY Washington MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 40 Vrs. Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS 8 Berner Ave. Berner Ave. YES NOT Middle DATE Lost Month Year DECEASED Albert Clinton Leedv April 56 (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Male White Hours 1880 WIDOWED A DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during reast of working lite even if retired) Feed Mill Cearfoss Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David Leedy 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 14-09-63 Mrs. Mildred Hess Hagerstown 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: arterio-sclerotic myocardial heart disease IMMEDIATE CAUSE (o) DUE TO Acute coronary thromisois Conditions, if ony, which gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19, WAS AUTOPSY PERFORMED? Received shock therapy - 3 hrs previously NO NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. none 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Not while none 19 of work of work p. m. none 21. I certify that I taok charge of the remains described above, held an Autapsy ... Inspection D. Inquiry death resulted fram: Natural causes X, Accident , Suicide , Homicide . Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER April 5,1956 NAME (Type) S. Robert Wells. M.D. DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Buria I 4-7-56 Church of the Brethern Broadfording 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Scott F. Minnich & Son doeverk Hag. Md.

3521 II A9A BECEINED

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VS A15 (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4484 CERTIFICATE OF DEATH

()4489 Reg. Dist. No.

	7.3	73					R	eg. Dist. N	0.	· -
1. PLACE OF DEATH o. COUNTY	ashington		MARYLA	ND .	USUAL RESIDENCE (Vo. STATE	Where deceased	l lived. If institution: b. COUNTY Washingt		fore admiss	sion)
	If outside corporate lim	its, write	c. LENGTH OF STAY IN		c. CITY OR TOWN (II	f outside corpoi			earest tow	n)
Hagerstown			4 Days		E. Main St	t. Hanco	ek Marylan	£.		1
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital,	give street	oddress)		d. STREET ADDRESS		100000000000000000000000000000000000000		ONA	SIDENCE A FARM?
Washington	County Hos	pita							YES	NO 3
3. NAME OF DECEASED (Type or print)		rst	Middle		Lost	4. DATE OF DEATH	Month		,	Year
S. SEX	16. COLOR OR RACE	ns.	Grace		Manning ATE OF BIRTH		9. AGE (In years IF	UNDER 1 YEA		1956
F	W. COLOK OK KACE	WIDOW	RIED NEVER MARRIED ED NEVER MARRIED DIVORCED		aly 22 1894		lost birthday) M	onths Doys		
10a. USUAL OCCUPATI during most of wor	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR I				ountry)	12. CITIZEN	OF WHAT	T COUNTRY
Housewif			Housewife	1,	Morgan (W. VA.	U.	S.A.	
	. Vondersmen	- C.		'	I. MOTHER'S MAIDEN					
	S Montgomer			17. INFO	Anna M	Bracy	Address			
[Yes, no, or unknown]	(If yes, give war or dates of	service)				77		9		
No				James	H Montger	nery Ita	neock Mary			
		ouse per li	ne for (a), (b), and (c).]					IN	ITERVAL 8E	DEATH
1	ATH WAS CAUSED BY: IMMEDIATE CAUSE (UT	emia						6 man	ths
600.0	DUE TO									
Conditions, if	ony, which)	Ric	ht Pyeloneph	miti	Q				unkno	1.00
gove rise to	mmediote (-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Mark Tellie		THE DIC	ZWII
tying couse last.	The under-	-1								
PART II. OT	HER SIGNIFICANT CON	IDITIONS (CONTRIBUTING TO DEATH	BUT NO	RELATED TO THE TER	MINAL DISEASE	CONDITION GIVEN	IN PART 1(o)	19. WAS	AUTOPSY
ATIG									PERFC	ORMED?
20g ACCIDENT W	AS LINDERLYÎNG TI		eft kidney CRIBE HOW INJURY OCC	IDDED (E	nter nature of injury is		lince birt	a	162	NOTE
PART II. OT PART III. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	MEDICAL EXAMINER)	200. DE3	CKIBE NOW INJURY OCC	OKKED. (E	mer notore of injury i	1 101 101 1011	n or nem 10.,			
\$ 20c. TIME OF INJUI	RY Month, Day, Ye	ar 20d. I	NJURY OCCURRED 20	e. PLACE	OF INJURY (Home, for	rm, 20f. (City	or town)	(County	y)	(Stote)
20c. TIME OF INJUI	19	While	Not while	factory	, street, office bldg., e	tc.)				
			2/22/	74		4/4/56				
21. I certify the	hat I attended the	deceas		56	_, 19, to		, 19,tl			
alive an	11/11/56	, 19	, and that de	eath oc	curred at 3:20	M, fram	the causes and	an the d	ate, state	ed abav
•						ADDRESS (St	reet, city or town, stot	e) 4/ 1/	20 p	ATE SIGNE
ACTUAL SIGNATURE J	G. Warden,	M.	D.	M.D.	832 Poton	mac Ave	., Hagerst	own,	Md.	
PHYSICIAN'S NAME (Type)	9	EN	Dard		- M	D.				
220. BURIAL, CREMATIC REMOVAL (Specify)	OF.	22c. NAME OF CEMETE		1		ION (City, town, or co		(Stot	
Surial 23. FUNERAL DIRECTOR	4.7.56	_	Riverview C	emete			ock Washin			nd
AL DIRECTOR	I WAS	1_	L ADDRESS	1 (c'd 84 REGISTI	RAR 24b REGISTRA	IK S SIGNATI	Z	-6 -1
PT MANIA	1 KUMILAN	1	100000 11	WAX	5/052	11/2/72	16 VALIANA	4-1-1	10000	

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

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VS A15C 1-55 10M -

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

4517

04433

Reg. Dist. No. 131

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED				
COUNTY Walthington MARYLAND	STATE Maryland COUNTY FREDERICK				
(If outside corporete limits, write RURAL LENGTH OF STAY	OR (II outside comparations was the Armagive neerest town)				
TOWN end a BOONSBORO IN 10, days	TOWN PREMIE 10 X = 2				
HOSPITAL OR INSTITUTION OR INSTITUTI	STREET (If rurel give location) ADDRESS				
9 STREET ADDRESS REEDER NURSEING HOME	RUPAL				
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Yeer)				
DECEASED JOSEPH D. MARTZ	DEATH APRIL 14 1956				
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF					
	23, 1871 84 yrs. Months Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT				
refired) Farming	Frederick Co. Md. U.S.A.				
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME				
Lewis Joseph Martz	Margaret Catherine Staley				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS				
(Yes, no, or unk.) (If Yes, give wer or detes of service) None.	Lewis J. Martz, Yellow Springs Md				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH				
I DISEASES OF CONDITIONS DIRECTLY LEADING TO DEATH	Merinclerosis 5mg				
1 IMMEDIATE CAUSE (A) IMMEDIATE CAUSE	Menoscerous Jus				
ANTECEDENT CAUSE(S) DUE TO					
DISEASES OR CONDITIONS, IF ANY, (B)					
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO					
(C)					
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING DEATH.					
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?				
	YES NO				
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)				
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED 2	PIF. HOW DID INJURY OCCUR?				
M. While Not while et work et work					
22. I hereby certify that I attended the deceased from how					
SIGNATURE	ADDRESS (Street, city, lown, state)				
al We Lover M.D.	1300mora- 114/56				
23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF NAME OF CEMETERY OR C					
BURIAL APRIL 17. 156 Mt. Olive	t Cemetery Frederick, Md.				
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	ADDRESS				
DATE 16 april 1956 Chabital Hech	Dailey's Funeral Home Frederick, Md.				
John A. Basto					

MARYLAND AVATE DEPARTMENT OF BEALTH-BALTHORR, IS

CERTIFICATE OF DEATH

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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DECENTE	And College of Land	To the later of the second sec	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04	4	9	2

	AAOF CERT	IFICAT	E OF DEATH		Reg. Dist.	No. 302
1.	PLACE OF DEATH O. COUNTY WASHING-TO N MARY	rland 2.	USUAL RESIDENCE (Whe o. STATE MARYLAND	b. Co	institution: Residence OUNTY VASHING	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	IN 1b	c. CITY OR TOWN (If ou			
123	HAGERSTOWN 7590		HAOLE	ERSTOVUM	y	
20	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
7	17 SUMMIT AVE, HAGERSTOWN	V-MO.	117 SUMMIT	AVE.		YES NO
	NAME OF First Middle DECEASED (Type or print) WALTER - ADAN			4. DATE OF DEATH	Month 2	Day Year
5. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRI	-	ATE OF BIRTH	9. AGE (In		YEAR IF UNDER 24 HRS
100	MALE WHITE WIDOWED DIVORCE	00 1	EB-11-18	75 lost birt	угв.	ays Haurs Min. EN OF WHAT COUNT
100	during most of working life, even if retired)	JK IINDUSIKI	A	r toreign country;	12. Cilizi	EN OF WHAT COUNT
K	FATHERS NAME	0 5	MERCER		Allu	S.A
13.	FAIHER'S NAME	'	4. MOTHER'S MAIDEN NA	WE		
	J.T. MECUNE		MARY	ATH	FERTON	1
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 15. no. or unknown) [11 yes, give wor or dates of service]). 17. INFO	RMANT [Address Summi	T AVE
67	NO - NONE	MIRS.	ANELL M	U Clarate .	AGERSTO	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]	, ,			INTERVAL BETWEEN ONSET AND DEATH
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ac .	failure			1 min
	420.0 DUE TO A.	1	. 1	- 1.		
	Conditions, if any, which) (b) Wellings	lente	= weard	dise	ase-	years
	gave rise to immediate DUE TO					
	lying couse last. (c)					
ON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITI	ON GIVEN IN PART 1	(a) 19. WAS AUTOPSY
Z	9 mohysema	and	mal	nutu	tim.	PERFORMED?
IF.	20a. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY C	CCURRED. (E	inter nature of injury in Pa	ert I or Part 11 of item	18.)	
Ü	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED	20e. PLACE	OF INJURY (Home, form,	20f. (City or town)	(Cor	unty) (State
MEDICA	Hour a. m. p. m. 19 While Not while of work 19 of work	factory	, street, office bldg., etc.)			
<		2-0:0	105/ 13	200:0	.56	
	21. I certify that I attended the deceased from 11.6	april				st saw the deceas
	alive an 1906 and that	death ac	curred at 4:45P			
	SIGNATURE Vielland T. Benfo	un M.D.	1135 8	ODRESS (Street, city of	Ruy Ho	genting.
	PHYSICIAN'S Richard T. Bin.	tord				14 agent
220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEM	ETERY OR CE	EMATORY 2	22d. LOCATION (City,	town, or county)	(State)
E	REMOVAL (Specify) NERVETMENT APRIL-16-1956 POSE HI	LL M	AUSOLEUM	HAG-ERSTA	WN WASH	Co. MAD
	FUNERAL DIRECTOR'S SIGNATURE ADDRESS				REGISTRAR'S SIGN	ATURE
12	BAST FUNERAL HOME BOOKSRO	Ro N	1D. Office	11.1956	TrasHB	several

TO HOSPITAL OR ATTERDING PHYSICIAN: The law requires may the otherwise common and completely filled in by the funeral benefit and by the funeral benefit and by the funeral benefit by the funeral by t

CERTIFICATE OF DEATH

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ARTIMENT OF MEALTH-SALTIMONE, 18

BUREAU V. S.

DECENED

		4481	6	CERTIFICA	ATE OF DEATH	4		Reg. Dist. I	10. 3	02
1. PLACE a. COL	OF DEATH	SHINGTON		MARYLAND	2. USUAL RESIDENCE (WHO O. STATE MARYL				efore odmi	
b. CITY	OR TOWN (IF	outside carporate limi (et town)	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		prote limits, write RI	URAL and give	nearest for	vn)
d. NAA OR	ME OF HOSPITA	L (If not in haspitol, g	AVE		d. STREET ADDRESS 406 Me D	OWELI	L AVE.		ON	A FARM?
3. NAME DECEA (Type of		JOHN	st	AURTHUR	MONNINGER	4. DATE OF DEATH	APRIL		Day	Year 19 56
5. SEX	LE	6. COLOR OR RACE WHITE	7. MARR	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 5/30/1876		9. AGE (In years last birthdoy) yrs.	Manths Day	_	
		N (Give kind of work on the life, even if retired PARMER	done 10b.	KIND OF BUSINESS OR INDU	ER MARYLAN	or fareign o	country)		OF WHA	T COUNTRY
13. FATHE		ONNINGER	}		MARTHA		K			
15. WAS (IN U. S. ARMED FOR yes, give war ar dates of s	ervice)	SOCIAL SECURITY NO. 17. 12. 12. 12. 14. 14. 17. 17. 18. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	MRS. DOROT	HA MO	Addr ONNINGER	HAG.	ERST	OWN D.
18. 0	PART I. DEAT	H [Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (o		ne for (o), (b), ond (c).] Cerebral th	rombosis			C	NTERVAL E	
	32X ditions, if on			Arterioscle	rosis				Yea:	rs
co#s lying	e (a), stating the cause last.	ne under- DUE TO)							
CATION	PART II. OTHE	ER SIGNIFICANT CON	DITIONS C	None	NOT RELATED TO THE TERMI	NAL DISEAS	SE CONDITION GIV	EN IN PART 1(c	PERF	ORMED?

RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NOTE

(State)

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 ar Part II of item 18.)

20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year (County) factory, street, affice bldg., etc.) 0. m. Not while at wark

1956 25, 1956, that I last saw the deceased 21. I certify that I attended the deceased from that death accurred at $2:45P_{\rm M}$, from the causes and an the date stated above. alive on ADDRESS (Street, city or town, state) 119 N. Potomac St.

ACTUAL SIGNATURE

MEDICAL

PHYSICIAN'S NAME (Type) R.A.Bell

Hagerstown, Maryland.

22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REST 28/56

HAGERSTOWN

MD

(State)

24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

22d. LOCATION (City, tawn, or county)

TO FUNERAL DIRECT VS A15 (4) 15M 9/55

page 3 should be detached for

by the tune.

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law requires that the death certificate be executed within 24

			MOTOWINSAG	
	1007 130.4	STATE OF STA		
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e de la constant	ATTEN TOTAL TERRETOR		liter.	
	Dest/45/9	Description	Brief	
A.A.T	ALASYANW OR	Deta - Marie		Z szen
	THEASE AND AN		ALE PERMISSE A	
PHONE BEATERS	MENTAL BOTTON ADMITTED	Matuckery	aras de a sus ana	
	De con			表3.4
	F-100	nemerous e	11 No.	555
			The Party of	ur Kon
		en de senten en e		Miss I Like
BUREAU V		en de senten en e		Mass Ludy And temps Little and Little and
BUREAU V.	and remitor of the first of the contractor of th	en de senten en e		Mos. I. His no renig

TO HOSPITAL OR ATTEN

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Dr. Weeks

4487

Reg. Dist. No.

1. PLACE OF o. COUNTY	Υ	hington		MARYL	AND	2. USUAL RE o. STATE	March 1	here deceased	lived. If instituti b. COUNTY		nce before	
RURALa	and give near	utside corporate limi est town)	ls, write	c. LENGTH OF STAY IN	4 1b				ote limits, write R	URAL and	give near	est town)
	gerst			4 days				stown				
OR INST	TITUTION	(If not in hospital, g ton Coun	-			d. STREET		Irvi	n Ave.			IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or pr	rint)	GERTRUD		MEEDY	1.	YERS	ost	4. DATE OF DEATH	April	th	Day	Year 19 56
5. SEX	- 6	. COLOR OR RACE	7. MARR	IED NEVER MARRIED		8. DATE OF BIR	TH	5	AGE (In years			F UNDER 24 HRS
Femal	le	White	WIDOWI	DIVORCED		Aug.	18,18	80	last birthday) yrs.	Months	Days	Hours Min.
ouring me	OCCUPATION ost of working	g life, even it refired)		kind of Business or)wn Home	INDU				arylanc		USA	WHAT COUNTR
13. FATHER'S I							'S MAIDEN N			100		
		Needy					Kathe	rine	Griffey	T		
1S. WAS DECE (Yes, no, or unkno		N U. S. ARMED FOR		None		r. Dona	ld N.	Myers	-54 E.		n Av	e.
Conditi gave ri cause (a	ons, if any, ise to imm), stating the ouse lost.	nediate (arter	is	Hem Sclen	in d	mac	Interes	4	8	T AND DEATH
3		UNDERLYING CAUSE OF DEATH		ONTRIBUTING TO DEAT						EN IN PAR		WAS AUTOPSY PERFORMED? YES NO
3 20c. TIME		Month, Day, Yea	While	Not while	Oe. PL/	ACE OF INJURY	(Home, farm ce bidg., etc.	20f. (City o	or town)	((County)	(Stote)
21. I ce alive or actual signatur Physicia Name (T)	n 4	Pattended the	decease _, 12_ 	ed from	leath	occurred a	t_2P	M, from	the causes of the city or town,	ind on t	last sav	the decease stated above DATE SIGNI
REMOVAL	CREMATION, L (Specify)	26. DATE THEREO 4-14-56	F	Rest Han			erv		ON (City, town, o	or county)		(State)
23. FUNERAL C			Ua	ADDRESS	1		- 0	D BY REGISTR	AR 24b REGIS	STRAR'S SI	GNATURE	(1000)

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		g., 4		
		3-4-2 (197)	oraba L	
			10 miles	
ROKEVO A				
BUREAU				

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INSTRUCTIONS

death.

of this

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4488 CERTIFICATE OF DEATH

04495

Reg. Dist. No. 302

1. PLACE OF DEATH		2. USUAL RESIDENCE	EE (HOME) OF DEC	EASED
COUNTY Washington	MARYLAND	STATE Maryla	nd COUNTY WE	ashington
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY (If outside corpore	te limits, write RURAL and	
OR and give nearest town) 13 TOWN Hagerstown	(In this pleca) 1 day	TOWN Dark	an	X
HOSPITAL OR		STREET	(If rurel give I	ocation)
8 Institution or Street Address Washington Cou	nty Memorial	HOSP.		
3. NAME OF (First) DECEASED	(Middle)	(Lest)	4. DATE (Month)	(Dey) (Yeer)
(Type or Print) SHERMAN	EDMOND	MYERS	DEATH AT	oril 9, 1956
5. SEX 6. COLOR OR 7. SINGLE, MA	RRIED, 8. DATE (F UNDER 1 YEAR IF UNDER 24 H
Male White Special	ried Mar.	7, 1909	47 yrs. "	Aonths Des Hours Mi
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT
refire Limestone Quarry Tr	uck Driver	Washington C	lo Wd.	COUNTRY?
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN N.		1 002
Asher Myers		Florence E	lizabeth H	offmaster
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & AD	DRESS Margare	t L. Myers
(Yas, go, or unk.) (If Yes, give wer or dates of service)	232-01-0041	- RFD # 1, H		
	18. MEDICAL CEI		ar por o acr	I INTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA				ONSET AND DEATH
28% / IMMEDIATE CAUSE (A)	Primary amylo	id disease o	f liver, s	pleen
ANTECEDENT CAUSE(S) DUE TO	and heart			6 month
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	and near o			O montun
STATING UNDERLYING CAUSE LAST. DUE TO				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				- 25 25 25 20 20
19. DATE OF OPERATION 19b. MAJOR FINDING	GS OF OPERATION			20, AUTOPSY?
				YES NO
	ome, ferm, factory, et, office bldg., etc.)	21c. WHERE DID INJURY OCCUR?	(City or town)	(County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2	1a. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?		7
	While Not while twork I			
22. I hereby certify that I attended the de	ceased from Jan. 1	10 56 to 9/7	5/56 10	that I last saw the decease
alive on Circa 2/30/56 , a	ad that death assumed at	10 · 124 · M	ر ۱۷ بردوره/ی» د مرادی عداد مطلع سم است. مدمد	a stated above
SIGNATURE	ila illai dealli occurred al		ESS (Street, city, town, s	
Walles It Shear	M.D.		arg, Md.	4/9/56
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR		LOCATION (City, town, o	or county) (Steta)
Burial 4/12/56	Samples M	anor Cemeter	Samples 1	Vanor. Md
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATU	JRE /	25. FUNERAL DIRECTOR'S SI		1000000
111 111 Card 1111 , 1/6				
MIER. 14.1956 BRASHIC	secress/	1 male	Carpla	Harpers Fe

OF SHOMITLAN - HEAT OF THEMTHAGED BEATS AND WHAN

CERTIFICATE OF DEATH

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9961 LI 79A

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 2,01 -1 - 1,0-19. BUREAU A YAM 9961 All the company of th

22c. NAME OF CEMETERY OR CREMATORY

Monte Vista

ADDRESS

Williamsport, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01/107

(State)

West Virginia

24b. REGISTRAR'S SIGNATURE

	TE OF DEATH	(1710) Reg. Dist. No. 30/
	USUAL RESIDENCE (Where deceased lived. If institutions o. STATE b. COUNTY	
D	West Va.	yoming Co.
Ь	c. CITY OR TOWN (If outside carporate limits, write RUR	AL and give nearest tawn)
	Mullens West Va.	85x-3 1
m	d. STREET ADDRESS 1128 Guy Avdatte Ave.	e. IS RESIDENCE ON A FARM? YES NO X
	Last 4. DATE Month	Day Year
	Neelv OF DEATH ADri	
T		UNDER I YEAR IF UNDER 24 HRS.
	Feb. 27 1885 last birthday) 71 yrs.	Months Days Haurs Min.
IDUS	TRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ī	West Virginia	U.S.A
	14. MOTHER'S MAIDEN NAME	
	Rachael Wiley	
7. 11	NFORMANT - Apples	Guy Avdatte Ave
M	rs. Agnes E. Neely Mull	ens West va.
n	ulmonary Smbalie	INTERVAL BETWEEN ONSET AND DEATH
I	Thrombosis	6 days
l	entic Penphuselos. De	ien 240.
BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	I IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO
RREC	D. (Enter nature of injury in Port I or Port II of item 18.)	
PLA	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	(Caunty) (State)
2 ath	occurred at 5 PM, from the causes and	that I last saw the deceased an the date stated above.
	M.D. Williams port	Jud 5 lopils

22d. LOCATION (City, town, or county)

24a. REC'D BY REGISTRAR

may be retoin TO HOSPITAL VS A15 (4) 15M 9/55

PHYSICIAN'S NAME (Type)

BURIAL, CREMATION, REMOVAL (Specify)

FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

Apri

Service of the servic	7 780		modewit/13 mg	
			A A PART STORES	
	. Willen are illin	A STATE OF	2001 2750 550	
	Pastarvi(up) 581	C murtinerinan d	const a LOLL a . The	
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	o. Pagar			
	5201 4371 538			
	velim deplement			
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Carlos Despuis			All lot	
			-270-3210-15386-3	
	or to the contract of the			
	ere spot		11 = 1 ,p. 3=0 v0)	
in the section of the				Title one
The second				an Marine
	A Paris		4Hauar	
E PUREAU VI	en de la companya de	egal (Jrol	E-PILITER I	Edition 1

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4490 CERTIFICATE OF DEATH

Reg. Dist. No. 382

	2100					Keg. Dist. 14	0.
1. PLACE OF DEATH o. COUNTY Was	shington	MARYLA	o. STATE	NCE (Where deceased	ed lived. If instituti b. COUNTY	on: Residence be	
b. CITY OR TOWN (III RURAL ond give ne	f outside corporate limits, parest town) Prstown	write c. LENGTH OF STAY IN $2\frac{1}{2}$ mos.		hambersbu		URAL ond give n	earest town) 75 x - 3
OR INSTITUTION	AL (If not in hospital, give		d. STREET AD	oress South Sec	ond St		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Lula	Middle	Nicklas	4. DATE OF DEATH	Mon	th 27	Pay Year 7 19 56
female		MARRIED NEVER MARRIED		1886	9. AGE (In years lost birthdoy) 69 yrs.	Months Days	R IF UNDER 24 HRS.
Da. USUAL OCCUPATIO		10b. KIND OF BUSINESS OR Dime Store	INDUSTRY 11. BIRTHPLA				OF WHAT COUNTRY
3. FATHER'S NAME	seph Nicklas		14. MOTHER'S M	ggie Hawb	aker		
S. WAS DECEASED EVER	R IN U. S. ARMED FORCE:		17. INFORMANT Elva R. Ni		ambersbur		
5	nmediate DUE TO (c) IER SIGNIFICANT CONDIT					EN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO E
	MEDICAL EXAMINER)		De. PLACE OF INJURY (Ho	ome, farm, 20f. (Cit		(County	(Stote)
20c. TIME OF INJURY Hour o. jr. p. m.	19	While of work of work	factory, street, office b	oldg., etc.)			
21. I certify the alive an Actual SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the de 23		13 , 1956 , eath accurred at		m the causes of treet, city or town.	nd an the d stote) Un JY	saw the deceased of stated obove DATE SIGNED
	N, 226. DATE THEREOF may 1, 19	22c. NAME OF CEMETE		22d. LOCA	TION (City, town, ombersburg	r county)	(Stote)
Paul Ktai:		ADDRESS bersburg, Pa.	2	Ha. RES'D BY REGIS	TRAR 24b, REGIS	TRAR'S SIGNATI	JRE SCUESS

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3261 S YAM

BUREAU V. S.

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ROTT CR

First Service Service Commission of the Commissi

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4491

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Washingt		MARYLANE	2. USUAL RESIDENCE O. STATE	4	ed lived. If instituting b. COUNTY	on: Residence	before admis	ision)
b. CITY OR TOWN (If outside		c. LENGTH OF STAY IN 11			orate limits, write f	LIPAL and air	re riegrest tow	(n)
RURAL and give nearest to	own)		77	erstown		OKAL GIIG GI	03	"
d. NAME OF HOSPITAL (IF	not in hospital give stree	6 Days	d. STREET ADDR		1		/ oc. pc	SIDENCE
OK TRETITUTION				-			ON	A FARM?
	unty Hosp	ltal	1 TT Ge	orge S	5.		YES] NO []
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Mor	ith	Day	Yeor
(Type or print) TH	OMAS	WARREN	OVELMAN	DEATH	April	4 195	6	19
5. SEX 6. CC	OLOR OR RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthday)		YEAR IF UND	
Male	White widow	VED DIVORCED	April 2	7 1881	74 yrs.	Months D	ays Hours	Min.
10a. USUAL OCCUPATION (GI	e kind of work done 10t	. KIND OF BUSINESS OR INI	DUSTRY 11. BIRTHPLACE	(State or foreign	country)	12. CITIZ	EN OF WHA	T COUNTRY
during most of working life Sheet Meta		Pangborn Con	en Emm	tsburg	Md.	TI	SA	
13. FATHER'S NAME	T WOTHOT :	angooth oo.	14. MOTHER'S MAI		Inch e	0	DA.	
	-							
Hiram Ov	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	COCIN CECHNIZA NO 112	. INFORMANT	getta 8				-
15. WAS DECEASED EVER IN U. (Yes, no, or unknown) (If yes, 9)	ive war or dates of service)				Add	ress		
No		214-09-41684	Robert O	velmqn	Riverto	n Va	Box3	5
18. CAUSE OF DEATH [E	nter only one cause per	line for (o), (b), and (c).	//	5 6 507			INTERVAL B	
PART I. DEATH WA	S CAUSED BY: DIATE CAUSE (o)	· Lobar 1	nlumo	nea			ONSET AND	DEATH
490x	DUE TO						-	- Cong
Conditions, if ony, wh	ich)					37.70		
gove rise to immedi	ote							
couse (o), stoting the uni	der- DUE TO						15.0 FM	
lying couse lost.	, (c)							
PART 11. OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE	TERMINAL DISEA	SE CONDITION GIV	EN IN PART 1	(o) 19. WAS	AUTOPSY ORMED?
<u>د</u>								NO P
PART II. OTHER SIG	ERLYING 206. DE	SCRIBE HOW INJURY OCCUR	RED. (Enter nature of inju	ry in Port I or Pa	rt II of item 18.)			
U (IF EITHER, NOTIFY MEDIC	AL EXAMINER)							
Y 20c. TIME OF INJURY Mon	nth, Day, Year 20d.	INJURY OCCURRED 20e.	PLACE OF INJURY (Home		y or town)	(Co	unty)	(Stote)
Hour o. ji.	19 While	e Not while	foctory, street, office bld	g., etc.)			"	(5.5.5)
AND RESIDENCE AND ADDRESS OF THE PARTY OF TH		Men	16 16	050	1/2 1/1			
21. I certify that I c	ittended the decea	sed from.	1940, 10	your	4 196	,that I la	st saw the	deceased
alive on 11.3	DM 12	, and that dea	th occurred at	M, fro	m the causes o	and on the	date stat	ed above
aprily	4~ 190%/	. 0		ADDRESS (street, city or town,			ATE SIGNED
SIGNATURE Th	en X/Xx	Clum	40/19W.	lo orlu	X Conter	102 601	men leg	1 4/6/
PHYSICIAN'S Phi	lip J. Hirs.	hman, M.D. 15	9 W. Washin	gton St.	Hagersto	wn, Md		
22a. BURIAL, CREMATION, 228	DATE THEREOF	M. MANE OF CENTERS	00.000	100110	TION (C')			
REMOVAL (Specify)	Apr 7 1950	22c. NAME OF CEMETERY			TION (City, town,	"	(Sta	te)
- U.T. T. C.T.		1 - 1	Cemetery			ed Co	Md	
23. FUNERAL DIRECTOR'S SIGN		ADDRESS		REC'D BY REGIS	TRAR 24b. REGI	STRAR'S SIGN	ATURE	1
Andrew K.	Joffman Ha	agerstowh Mc	. 66	es. 9.19	Z John	1413	accol.	201

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 4492 Reg. Dist. No. 305 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY O. STATE WEST VIRGINIA COUNTY WASHINGTON MARYLAND b. CITY OR TOWN (If outside carporole limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) BERKLEY SPRINGS d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION TON COUNTY HOSPITAL YES NO TA NAME OF Middle 4. DATE Last Month Day Year DECEASED PERRY JR. HARRY T.EROY APRIT. 56 (Type or print) 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Days Hours WHITE MALE WIDOWED YES. 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if religed or working life, even if religed to the country)

WEST VIRGINIA 12. CITIZEN OF WHAT COUNTRY? WEST . S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HARRY PERRY SR. JEAN CAIN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address D [Yes. nor or unknown] PERRY NONE VA. 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gave rise to immediate DUE TO catse (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WASAUTOPSY PERFORMED?

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.)

YES NO

20c. TIME OF INJURY Month, Day. Year

20d. INJURY OCCURRED While Nat while

20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, affice bldg., etc.)

(County) (State)

19 at work at work p. m. 21. I certify that I attended the deceased from.

1956, that I last saw the deceased

ACTUAL

Hour g. m.

__, and that death occurred at 6 A M, from the causes and an the date stated above.

DDRESS (Street, city or town, state) DATE SIGNED

PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, ar county)

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

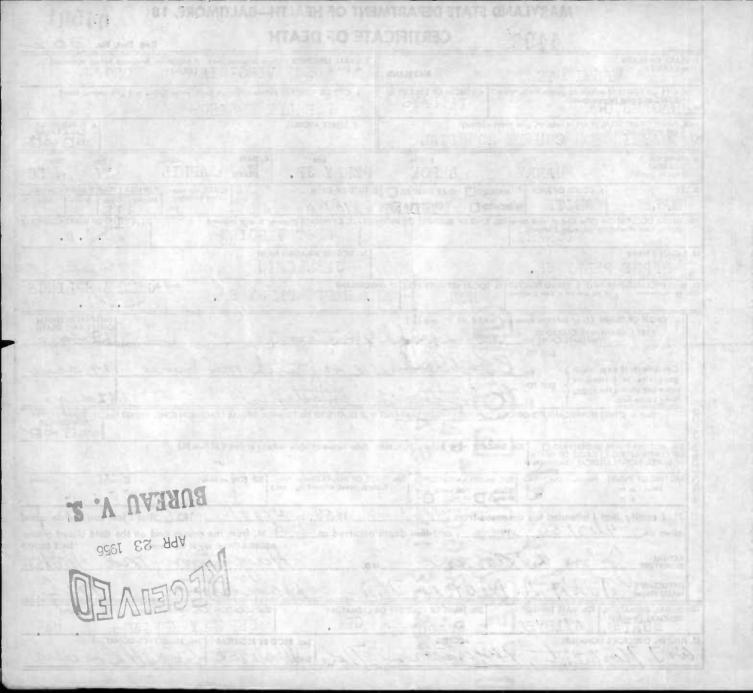
REMOVAL (Specify)

Greenway ADDRESS

24a, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

prior



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4493

CERTIFICATE OF DEATH

_											
1.	PLACE OF DEATH a. COUNTY Wa.	shington		MARYI	AND	2. USUAL RESIDENCE (W o. STATE Marylar		l lived. If institution b. COUNTY		before odmir ngton	sion)
	b. CITY OR TOWN (II RURAL and give no	f outside carporate limit	s, write	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN (IF	outside corpoi	ate limits, write RL	JRAL ond giv	e nearest tow	n)
0	Hagerstow	•		7 days		Hagerstov	m				0
Г	d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	address)		d. STREET ADDRESS					SIDENCE A FARM?
8	Washingt	on County H	lospi	tal		11 W. Antie	etam St	reet			NO [3]
3.	NAME OF DECEASED (Type or print)	FRANCE		Middle BELLE		RAUTH	4. DATE OF DEATH	Mont Apri		Day	Year 19 56
5.	SEX	6. COLOR OR RACE	7. MARR	ELED NEVER MARRIE	0 🗆	8. DATE OF BIRTH		9. AGE (In years		YEAR IF UND	ER 24 HRS.
	Female	White	WIDOWE	DIVORCED		March 29,187	71	last birthdoy) 85 yrs.	Months 1	dys Hours	Min.
100	during most of work Housewif	ing life, even if retired	ione 10b.	KIND OF BUSINESS OF	RINDU	STRY 11. BIRTHPLACE (Stote Hagerstov			-	S.A.	COUNTRY
13.	FATHER'S NAME					14. MOTHER'S MAIDEN					
	Jose	eh Middleka	uff			Eliza Fi	iery				
	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. 1	NFORMANT		Addre	ess		
(14	s, no. or unknown)	(If yes, give war or dates of s		none	Mi	ss. Grace Mid	dlekar	ff Hage	rstown	, Mary	land
CERTIFICATION	PART I. DEA 5 70. 5 Conditions, if or gave rise to in cause (a), stoting lying cause last. PART II. OTH	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO my, which mmediate the under- (c) EER SIGNIFICANT CON	P3 PS DITIONS	CONTRIBUTING TO DEA	N 8	D. (Enter noture of injury in	INAL DISEASE	CONDITION GIVE	T- Y	PERF	11-1 547 547
MEDICAL C	20c. TIME OF INJURY Hour o. ji. p. m.		While	NJURY OCCURRED Not while	20e. PL fac	ACE OF INJURY (Home, for ctary, street, affice bldg., etc	m. 20f. (City	or town)	(Co	unty)	(State)
220	21. I certify the alive an Actual SIGNATURE PHYSICIAN'S NAME (Type) BURIAL, CREMATION REMOVAL (Specify) BURIAL (Specify)	at I attended the Pari 12	., 12 . H		death	m.D. 214 M. Hzge R CREMATORY	AM, from ADDRESS (SIN		nd on the	date state of the	ed above ATE SIGNED (3 5 6
23.		S SIGNATURE 4 8 cmc		ADDRESS gerstown, N		240. RFC	D BY REGISTI	RAR 24b. REGIS	TRAR'S SIGN	ATURE	sers

		TE OF DEATH	CERTIFICA		
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TO SERVICE STATE OF THE PROPERTY OF THE PROPER					
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A NVINA 9561 A1 8dV	Water Carlo	Ų.			
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9961 21 8dV					
OVEVO.				EAST TO SELECT THE RESIDENCE OF THE PARTY OF	
9961 21 84V	and an exercise Challes of the L			arged will believed a Unit of State &	
9961 21 8dV					
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	DAMASA	redor for the contains			
	REPLYIER				

VS. A15ME(S) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4494 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(1451)3 Reg. Dist. No. 302

1.	PLACE OF DEATH o. COUNTY Washin	gton		MARYLAND	2. USUAL RESIDENCE (Where decease	ed lived. If institu b. COUNT	V 11 .	before odd	
	b. CITY OR TOWN (If outside and give nearest town)	corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	If outside corp	porote limits, write	RURAL and giv	e negrest t	own)
Xc	3 Hagerato	wn		2 hrs.	Boo	nsboro	, Md.			
	d. NAME OF HOSPITAL OF		f not in hos		d. STREET ADDRESS			14440		RESIDENCE
L	339 W. An	tietam S	treet		229 N. M	Main St	reet	e= 20.		NO X
3.	NAME OF DECEASED	Firs	ŧ	Middle	Last	4. DATE	Mont	h C	ay	Year
	(Type or print)	Albe	rt	Amos	Remsburg	DEATH	Apri	1 7		19 56
S.	SEX 6. C	OLOR OR RACE	7. MARRIE	D NEVER MARRIED 8	DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER TYE	_	DER 24 HRS.
	Male	White	WIDOWE	DIVORCED [Jan. 18,19	03	53 yrs.	Months Day	s Hours	Min.
10	. USUAL OCCUPATION (G	ive kind of work d	lone 10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	e or foreign co	ountry)	12. CITIZEN	OF WHA	T COUNTRY?
	Stock Cl			Hardware Co.	Maryl	land		US	A	
13	. FATHER'S NAME	11.01.01.03			14. MOTHER'S MAIDEN					
	Amos A.	Remsbur	g		Hanns	Sigle	r			
15	. WAS DECEASED EVER IN	U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT		Address		100	
ĮŸ,	no, or unknown) (If yes,	give war or dates of s	ervice)	214-09-1364	Mrs. Lelia R	emabur	- 220	N. Bo	onsbo	oro, Md
CERTIFICATION	Conditions, if any, we gave rise to immediate cooks last.	DUE TO hich ause ying DUE TO CCL GNIFICANT COND AS 171NG TI DOE TO 206 206	DITIONS CO	MTRIBUTING TO DEATH BUT N HOW INJURY OCCURRED. (E		NINAL DISEASE	CONDITION GIV		a) 19. WAS PERF YES [
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year	20d. I While	Not while facto	CE OF INJURY (Home, formary, street, affice bldg., etc.	m. 20f. (City	or town)	(County)		(State)
1				emains described aba		y D. In	spection X	Inquiry	and	find that
	death resulted from	n: Natural o	auses 🛚	Accident, Suid	cide [], Hamicide		determined o			mar mar
	ACTUAL SIGNATURE	Poles.	1 he	ello	_M.D. CHIEF MEDICAL E				DATE	SIGNED
L		Robert W		M.D.	DEPUTY MEDICAL			4-9-	-56	-
22	Burial, CREMATION, 27 REMOVAL (Specify) Burial	4-10-56		22c. NAME OF CEMETERY OR BOOMShore			ON (City, town,		Md •	ite)
23	Bast 7 www	100	pur	ADDRESS Boonsboro	24a. REC	D BY REGISTE	CAR 245 REGIS	STRAR'S SIGNA		sers

9561 91 A9A

기 계속하는데 이번 열심도 나타에요? 사람이 보장하면 그 가는데 가나를 다 뭐라고 말했다고 하는데 다 되었다.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
Reg. Dist. No. 302

a. county	ngton	MARYLAND	a. STATE	We county to				
RURAL and give i	(If autside carporate limits, write nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give rearest tawn) Hagerstown					
d. NAME OF HOSP OR INSTITUTION 131	East Washingt	~	d. STREET ADDRESS	Washington St.	e. IS RESIDENCE ON A FARM? YES NO			
3. NAME OF DECEASED (Type or print)	Fint CHARLES	Middle ELLSWORTH	REMSBURG	OF DEATH April 17	Day Year 1956 19			
5. SEX Male	6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH Dec 7 186	last hirthday)	S Days Haurs Min.			
10a. USUAL OCCUPATE during most of wa Farmer	ION (Give kind af work dane 10b. rking life, even if retired) - Owner Retired	kind of Business or Indu		psburg Ma	USA			
13. FATHER'S NAME	liam Remsburg		14. MOTHER'S MAIDEN NA Eliza H					
15. WAS DECEASED EV [Yes, no. or unknown]	ER IN U. S. ARMED FORCES? 16.	None 17. I	Milton E. R	Address lemsburg Sharps	sburg Md.			
Conditions, if a gave rise ta cause (a), stating lying cause last PART II. OT Ber	immediate put to confirmed the under to confirmed the under to confirmed the under to confirmed the under	tic Cayper 1	ropling -	clisease Clisease AL DISEASE CONDITION GIVEN IN P. 12 yu -	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO ET			
W 20c. TIME OF INJU Haur o. n. p. m.	G CAUSE OF DEATH Y MEDICAL EXAMINER) IRY Month, Day, Year 20d. II While	NJURY OCCURRED 20e. PL fo		20f. (City or tawn)	(County) (State) I last saw the deceased the date stated above			
ACTUAL SIGNATURE PHYSICIAN'S NAME (Typo)	Chua Ow. Edward W. Ditt	Distant	M.D. 212 W. W	DORESS (Street, city or town, state)	DATE SIGNE			
22a. BURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		2d. LOCATION (City, town, or count)	r) (State)			
23. FUNERAL DIRECTOR Andrew K.		ADDRESS		BY REGISTRAR 24b. REGISTRAR'S	SIGNATURE			

VS A15 (4) 15M 9/55

A DESCRIPTION OF THE PROPERTY APR 23 1956

		4496	3	CERTIF	ICA	TE OF DEA	TH		Reg. D	ist. No.	35	45
	COUNTY W	ashington		MARYLA	ND	2. USUAL RESIDENCE o. STATE Md.	(Where deceased	d lived. If institut b. COUNTY		nce befor		
b. (CITY OR TOWN (I	f outside carporate lim	its, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN	(If outside carpo	rote limits, write I	RURAL and	give nea	rest tow	n)
ľ	RURAL ond give no Ha	gerstown		9 days		Hager	rstown					03
d. 1	OR INSTITUTION	AL (If not in hospital, agton Co.				d. STREET ADDRESS	. Locus	t St.			ON A	SIDENCE A FARM?
3. NA	ME OF		rst	Middle		Lost	4. DATE	Ma	nth	Da	,	Yeor
	CEASED pe or print)	Alexand	der	R		Rice	OF DEATH	4		28		19 56
5. SEX		6. COLOR OR RACE	7. MARE	HEDE NEVER MARRIED	M 8	DATE OF BIRTH		9. AGE (In years	IF UNDE	R 1 YEAR	IF UND	ER 24 HRS
1	male	white	WIDOW		_	ov. 2. 1900	,	last birthday)	Months	Days	Hours	Min.
10a. U	SUAL OCCUPATION	N (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUST				12. CI	TIZEN O	F WHAT	T COUNTR
O.	cab dri	ting life, even if retired VET	"	self owned		Hagerst	town, Md	•		U.S.	A .	
13. FA1	THER'S NAME					14. MOTHER'S MAIDE						
7747	Ja	nes Rice					Unknow	m				
15. WA	AS DECEASED EVE	R IN U. S. ARMED FOR	RCES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT		Ado	ress			
(1es, no	no	(If yes, give wor or dates of	service)		Mr	s. Maude Ri	ice Ha	gerstown	. Md.			
G C	24/X Conditions, if a gove rise to it ouse (o), stating ying couse lost.	mmediate ()	chymic prime	ha	plater -bruik	we we			2	The state of the s	,
CATION	PART II. OTH	IER SIGNIFICANT CON	IDITIONS O	CONTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIV	VEN IN PAI	RT 1(o) 15	PERFC	AUTOPSY DRMED?
E CER	R CONTRIBUTING EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED.	(Enter nature of injury	in Port I or Part	II of item 18.)				
WEDICA 200	c. TIME OF INJUR Hour a. n. p. m.	Y Month, Day, Ye	ar 20d. It While at work	_ Not while #		E OF INJURY (Home, fory, street, office bldg.,		or town)		(County)		(State
AC SIG	I. I certify the	at lattended the	XISC XISC	b, and that d	eath o	occurred at 6	M, from ADDRESS (St	the causes of reet, city or town,	and on t			deceased above
22o. BI	URIAL, CREMATIO	N, 22b. DATE THEREC)F	22c. NAME OF CEMETE	RY OR	CREMATORY	22d. LOCAT	ION (City, town,	or county)		(Stot	te)
RE	burial (Specify)	May 1, 1	1956	Rose Hill			**	rstown			Md.	•
23. FUI	neral Director	S SIGNATURE	agers	ADDRESS		2/5/5	A DY REGIST		STRAR'S SI	GNATUR	E	

MARYLAND STATE DEPARTMENT OF HEALTH_RAITIMODE 18

VS A15 (4) 15M 9/55

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		asimus .	Victorial Control
	ental state of		
	PH S. Exclusion S.		regulation and tops (15)
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	. Timbe likes dately no.		THE REAL PROPERTY.
REAU V. E.			
9261 & YAN	All Market Design		eart est ascento (ten vide 11.0)
BCEINE	A CARLON CONTRACTOR OF THE CON	Council to the second	
	The Supplemental S	List of the control of the List of the Lis	de princepto con la can pend (orright March 1836 through parts coccupat

VS A15 (4) 15M 9/55 M

TO HOSPITAL OR ATTENTING PHYSICIAN; The low requires that the death certificate be executed within 24 hours after deg

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

(497 CERTIFICATE OF DEATE	497	CERTIFICATE OF DEAT	ſΗ
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()451)6 Reg. Dist. No. 202

1. PLACE OF DEATH o. COUNTY Was	hington	IAM	RYLAND	2. USUAL RESIDENCE o. STATE Md		ed lived. If institu b. COUNT	Y	e before od	mission)
b. CITY OR TOWN (IF	outside corporate limits	, write c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN		porote limits, write		0	own)
RURAL ond give ned	gerstown	life		Hag	erstown				03
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, gi	re street address)	10	d. STREET ADDRES	S	и	17-110	e. 15	RESIDENCE
	9 W. Frank	lin St.,		609	W. Fran	klin			A FARM?
3. NAME OF DECEASED	First	Midd	le	Last	4. DATE	Mo	onth	Day	Year
(Type or print)	Mary	Eliza	beth	Richard	DEATI	4		13	19 56
5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MAR	RIED B	. DATE OF BIRTH		9. AGE (In year lost birthdoy)			NDER 24 HRS.
female	white	WIDOWED DIVORC	ED D	ec. 31, 18	85	70 yr		Days Hou	Min.
10a. USUAL OCCUPATION	N (Give kind of work dang life, even if retired)	one 10b. KIND OF BUSINESS	OR INDUST	RY 11. BIRTHPLACE (S	itate or foreign	country)	12. CITI	ZEN OF WI	AT COUNTRY
home d		home		Hagers	town	Md.	1	J.S.A.	
13. FATHER'S NAME				14. MOTHER'S MAID	EN NAME				
William	T Hamilton	Feiglev		Mary 1	E. Mull	enix			
15. WAS DECEASED EVER	IN U. S. ARMED FORCE	ES? 16. SOCIAL SECURITY N	IO. 17. IN	FORMANT			ldress		
(Yes, no, or unknown) (III	f yes, give war ar dates of ser	none	Joh	n P. Richa	rd Hag	erstown,	Md.		
		se per line for (a), (b), and (a	:).]						BETWEEN ND DEATH
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o)	acutep	ulum	vons Edr	ma.				nice
592X	DUE TO	P. 1				a partie			
Conditions, if an	y, which) (b)	Munia?	he h	roll disk	role &	mitral		Muk	www
gove rise to im catte (o), stoting the	mediate Dus TO	Sterr	الله الله	- ausi cal	my fi	boillation	ч	-	
lying couse last.	(c)	? Chron	ic 11	oursulo A	rephy:	tis		11/	year
PART II. OTHI		ITIONS CONTRIBUTING TO D	EATH BUT I	NOT RELATED TO THE T	ERMINAL DISEA	SE CONDITION G	IVEN IN PART	PE	AS AUTOPSY REFORMED?
	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY	OCCURRED	. (Enter nature of injury	y in Part I or Pa	ort It of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	While Not while of work	20e. PLA fact	CE OF INJURY (Home, ory, street, office bldg.	farm, 20f. (Ci	ty or town)	(C	County)	(Stote)
21. I certify the	at I attended the	deceased fram	57 12	. 1938 . ta	4-	- 13 , 19 J	6 that I	ast saw t	ne decease
alive an		, 19 56 , and the			A. M fee	m the course	and an th	ne date ri	ated above
	/	, , , , , , , , , , , , , , , , , , , ,	21 000111	00001100 003222		Street, city or town		ie dule si	DATE SIGNE
ACTUAL SIGNATURE	John It	Home bak	ET N	1.0. 154 W.	wrok	ington	51-1	togers	Loux le.
PHYSICIAN'S NAME (Type)							i in	O	
220. BURIAL, CREMATION REMOVAL (Specify) BURIAL	4-15-56	22c. NAME OF CE Rose I		CREMATORY		ATION (City, town	, or county)	Md.	itote)
23 PUNERAL DIRECTOR'S	SIGNATURE	ADDRESS Hager	rstown		REC'D BY REGIS		ISTRAR'S SIG	PARLE	lan

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BUREAU V. S.

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CERTIFICATE OF DEATH

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

FOR MEDICAL	Reg. Dist. No	3.0.2
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	•
COUNTY Westing to MARYLAND	STATE COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
TOWN (in this place)	TOWN HASERSTOWN	03
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS BONSBORD MD. B. 3	ADDRESS 122 - S. MULBERRI	/ ST.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type of Print) EMMB IS. RIDEINOU	DEATH APRIL-	27- 1956
5. SEX 6. COLOR OR RACE 17. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under	I year If under 24 hrs
TEMALE WHITE Specify WIDOWED.	CULV-16-1883 72-9-11 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	MAPLEVILLE WASH, CO. MD.	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	41214
BENJAMIN F. FOLTZ	SAVILLA FAHRNEV	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	BERN ST
(Yes, no, or unknown) (If yee, give war or dates of NONE	DIKELLER RIDENOUR BOOMSBORD	
18. MEDICAL CE	RTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
DINGROES ON CONDITIONS DIRECTLY LEADING TO DEATH		UNBEL AND DEATH
Immediate cause (a) Stowary		3 much
Anfecedent cause(s) Diseases or conditions, if any, giving rise to the above cause attaing the underlying cause last		6 00 00 60 to retilier 000 o vermination from a na c n.
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No 1
21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
CAUSE OF DEATH. INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	777
OF INJURY 4 - 27 - 56 720 km. While at work at work	Walkerd wto form land	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes [] accident [], suicide [], homicide [], SIGNATURE	Autopsy , Inspection , Inquiry thereon and ased died on the dry stated above, and death in my undetermined .	from the evidence opinion resulted
1 SID The Coding Sof	1/	101
W. The serve) mil Grown	A gustaly	20/56
BURLAL APRIL - 29-1936 BOONS BOILS	CEMETRICY BOONS BORD WAR	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
april 29. 1956 John H. Barl	BAST FUNERAL HOME BOUNSBORD	MD.

BUREAU V. S.

PECEIVED 1956

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4498

CERTIFICATE OF DEATH

Reg. Dist. No. 302

Į.		7770						K	eg. Dist.	No. 204	
I	1. PLACE OF DEATH o. COUNTY				2. U	SUAL RESIDENCE (WH. STATE	nere deceased l		Residence b	pefore admiss	sion)
A	Washi	ngton		MARYLAND	1 0	Maryla	nd	b. COUNTY	Wash	ningto	n
I	b. CITY OR TOWN (III	outside corporate limi	ts, write	c. LENGTH OF STAY IN 16	C	CITY OR TOWN (If o	outside corpora	te limits, write RUR/	AL and give	nearest town	n)
1	3 Hagersto	wn		7 days		Hager	stown		0,	3	
	d. NAME OF HOSPIT. OR INSTITUTION Washing	AL (If not in hospital, g	HOSP	oddress)	13	. STREET ADDRESS	treet		1		SIDENCE A FARM?
	3. NAME OF DECEASED (Type or print)	Con c e	st	Middle Anna	11	lost lamone	4. DATE OF DEATH	Month April	4	Day	Yeor 19 56
-1	5. SEX Female	6. COLOR OR RACE		RIED NEVER MARRIED	1	TE OF BIRTH			UNDER 1 YE	EAR IF UND	
			WIDOW			nuary 12,1		7) yrs.	2 22	2	
2	during most of work Housewife	IN (Give kind of wark ing life, even if retired	done 10b.	KIND OF BUSINESS OR INDU		Cheada Pro				n of what Italy	COUNTRY
Ī	13. FATHER'S NAME				14.	MOTHER'S MAIDEN N	NAME				
		unlinown					unknov	m			
	15. WAS DECEASED EVER (Yes, no. or unknown)	IN U. S. ARMED FOR If yes, give war or dates of s	ervice)		inform lok	Joseph Sal	amone	Address Hagerston		arylan	d
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO)	ne for (o), (b), and (c).]	wi	tilleant	disas	racut	2 6	INTERVAL BE	DEATH
	Canditians, if ar gove rise to in cause (a), stating t lying couse lost.	ny, which (b	Hert	in du to of	un	tring Apr.	,44, 19	956.		acerte	-nu
	PART II. OTH			CONTRIBUTING TO DEATH BU					IN PART 1(c	PERFO	AUTOPSY DRMED?
١	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRI	D. (Ent	er nature of injury in F	Port I or Port I	l of item 18.)			
	Y 20c. TIME OF INJURY Hour a. jr. p. m.	Month, Day, Yes	20d. II While at wor	Not while fo	ACE O	F INJURY (Home, farm treet, office bldg., etc.	20f. (City o	r town)	(Cour	nty)	(Stote)
	21. I certify the alive on	at I attended the	deceas	ed from 12/15				(b_, 19,t) the causes and	an the	date state	ed above
I	ACTUAL SIGNATURE	Pherone	1	1 Moslow	W.D	303 Vista	y the	et, city of town, stor	red	4/6	SE SIGNED
	PHYSICIAN'S H	oward N.	Wee	ks. M.D.		136 Nort	h Pot	omac St.	, Ha	gerst	town
	220. BURIAL, CREMATION REMOVAL (Specify)	1. /7 /1 OF 4	F	22c. NAME OF CEMETERY C			300001410	ON (City, town, or co	ounty)	(Stote	(•)
1	Burial 23. FUNERAL DIRECTORY	SIGNATURE 4		Rose Hill Cem	ete:		Hagers		Mary		1
1	Charles	20	Нас	erstown Marvl	277	-00.67	1 954	11/2/	AR'S SIGNA		0/
	11	11-000	11046	OT DOOMITS TIGHT AT	LILLI	LIANEV	14 / / 4360	10111111111	11-459	-	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the pital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages? Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours offer death.

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				Carlo Carlos
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Page 4

VS A15 (4) 15M 9/55

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
4499	CERTIFICATE	OF DEATH	

04509

			Re	g. Dist. No. 20
1. PLACE OF DEATH g. COUNTY		2. USUAL RESIDENCE (Who	ere deceased lived. If institution: R	
Washington	MARYLAND	Maryl Maryl	and b. COUNTY W	ashington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits, write RURAL	ond give nearest town)
Hagerstown	Life	Hagers	town	03
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Washington County Ho:	spital	436 E. Fr	anklin St.	YES NO DE
3. NAME OF DECEASED (Type or print) William	Albertus	Semler	4. DATE Month OF April	2 Year 2 19 56
5. SEX 6. COLOR OR RACE 7. MARRI	IED NEVER MARRIED	DATE OF BIRTH	9. AGE (In years IF U	NDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWE	D DIVORCED		21 34 yrs. Mo	nths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)		77	250	2. CITIZEN OF WHAT COUNTRY?
Lead Man A	ircraft	Hagersto	own Md.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
John L. Semler		Mary	M. Andrews	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes. no. or unknown)	SOCIAL SECURITY NO. 17, IN	FORMANT	Address	
Yes W. War 11 2	19-14-7665 M	rs. D. N. S	Semler Hagers	town Md.
18. CAUSE OF DEATH [Enter only one couse per lin	e for (o), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Clesone)	lower to -1	lephnis	2 410.
442% DUE TO		A ALCOHOLD		
Conditions, if ony, which) (b)	antronds	ww		2410.
gave rise to immediate course (a), stating the under-	./ /./		20	2.0
lying couse last.	My Stus	we Cardiar	scular brown	e igns.
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN I	N PART 1(o) 19. WAS AUTOPSY PERFORMED?
CAI				YES NO
PART II. OTHER SIGNIFICANT CONDITIONS C 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	. (Enter nature of injury in P	ort I or Part II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
S 20c. TIME OF INJURY Month, Day, Year 20d. IN	JURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. IN While p. m. 19 at work	1401 Willie	ory, street, office bldg., etc.		
	11	1050	1906 th	
21. I certify that fattended the decease	7	, 19 , 10	4	at I last sow the deceosed
olive on 191	ond that deoth		M, fram the causes and ADDRESS (Street, city or town, state	
ACTUAL Haves VIEW Des	man)	1000.00	arlines to the	Land To the 1 self
SIGNATURE		A.D		LANCON LANC
PHYSICIAN'S Philip J. Hirshm	man, M.D.			
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town, or con	unty) (State)
Burial 4-4-56	Rose Hill C	emetery	Hagerstown M	id.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D	BY REGISTRAR 24b. REGISTRAL	R'S SIGNATURE
Scott F. Minnich & S	on Hag. Md	· oper	.5.1986 6has	Howard

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mere respect		e 112		distance
The state of the s		Zarique!	vinust na	
at the first was	Imple Lud-	pdfA	moifii	
22, 1921				
Ed Attode man	8	CO-TOTAL		not be out
swertons lavest			telcan.	
			Machine (1.3	
			or yes	ags a flori
			OF THE STATE OF TH	
			OF PER STANDARD OF	may a district of the control of the
SUREAU V. S.			OF PER STANDARD OF	

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VS. A 15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4521 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

()4511 Reg. Dist. No. 303

o. COUNTY WASHINGTON	MARYLAND		LAND b. COUNT		
b. CITY OR TOWN (If outside corporate limits, write RURA and give nearest town) BIG POOL	c. LENGTH OF STAY IN 1b	e. CITY OR TOWN (III BIG PO	f autside corporate limits, write	RURAL and give n	earest town)
d. NAME OF HOSPITAL OR INSTITUTION (IF not SHANKTOWN ROAD	in hospital, give street address)	d. STREET ADDRESS SHANKTOWN	ROAD.		e. IS RESIDENCE ON A FARMAY YES NO
3. NAME OF First DECEASED (Type or print) JAMES	VICTOR SHA	Last √√	4. DATE Month OF 4	Doy	Year 56
MALE WHITE WIL	AARRIED NEVER MARRIED 8	MAY 3,1913	9. AGE (In years lost hirthday) 42 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR	VICTOR PRODUCTS	RY 11. BIRTHPLACE (Stote MARYLA	ar foreign country) ND	U.S.	WHAT COUNTRY?
13. FATHER'S NAME SAMUEL V. SHAW		NANCY E. K			
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give wor or dates of service)		MUEL V. SHAW	BIG POOL,	MD.	
18. CAUSE OF DEATH [Enter only one cause pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		orrhage fro	m lungs	INTER	VAL BETWEEN T AND DEATH
Canditions, if any, which gave rise to immediate cause (a), stating the underlying DUE TO	TB of lun	ge			12 yrs
cause last. (c)	NS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMI	PNAL DISEASE CONDITION GIV		P. WAS AUTOPSY PERFORMED? YES NO X
CAUSE OF DEATH. none	SCRIBE HOW INJURY OCCURRED. (E	nter nature of injury in Par	t i ar Part It of item 18.)		
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. none 19	20d. INJURY OCCURRED 20e. PLAC While Nat while facts at work of work	CE OF INJURY (Home, farm ary, street, affice bldg., etc.	n, 20f. (City or lawn)	(County)	(State)
21. I certify that I took charge of death resulted from: Natural caus		ve, held an Autops cide [], Homicide			and find that
ACTUAL SIPVERS	mella	_M.D. CHIEF MEDICAL EX			DATE SIGNED
EXAMINER'S S. Robert We	ells, M.D.	DEPUTY MEDICAL		4-9	-56
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 4/10/56	22c. NAME OF CEMETERY OR SHANKTOWN C		BIG POOL,	or county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE JEKN 7. Clark	Clear Spring	M. DATE 4	D BY REGISTRAR 24. REGIS	ble We	Musia

MARYLAND STATE DEPARTMENT OF HEATH BALTIM DIE, I

BUREAU V. S.

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Vs. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4500 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04512 Reg. Dist. No. 302

1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Whe			fore admission)	
Washington	MARYLAND	o. STATE Maryl	and b. COUNT	Washing	ton	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, write	RURAL and give n	nearest town)	
03 Hagerstown	6 days	Boonsbo	ro		×	
d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	spital, give street address)	d. STREET ADDRESS e. IS RESIDEN				
Washington County Hospit	al	St. Pa	ul Street		YES NO	
3. NAME OF First	Middle	Last 4.	DATE Month	Day	Year	
(Type or print) Katherine		igmund	DEATH April	29	19 56	
5. SEX 6. COLOR OR RACE 7. MARR	IED X NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years	IF UNDER TYEAR		
Feamle White WIDOW	DIVORCED	April 2, 1879	lost birthday) 77 yrs.	Months Days	Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN O	F WHAT COUNTRY	
Housewife	Own Home	Marylan	d	USA		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		1 0022		
Cornelius Rideno	ur	Amanda B	rown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yas, no, or unknown) (If yes, give wer or dates of service)	SOCIAL SECURITY NO. 17. IN	FORMANT	Address			
No -	none	L. Roy Sign	mund, Husb -	St. Paul	St	
18. CAUSE OF DEATH [Enter only one cause per line	for (o), (b), and (c).]			onsboro	RVAL BETWEEN	
PART I. DEATH WAS CAUSED BY:	Fracture 1t.	femur (Hem	orrhage & sho	- 1	ET AND DEATH	
900. O IMMEDIATE CAUSE (e)		static pneumo		0.127	6 days	
Conditions If you witch	113 PC	boatto pirouno				
gave rise to immediate cause						
(a), stoting the underlying DUE TO						
	ONTRIBUTING TO DEATH BUT N	OT BELATED TO THE TERMINIA	1 DISEASE CONDITION CIV	ENI INI DA OT 1/-1/3	VASCALITA DAVIA O	
O NEW SIGNATURE CONTINUES	DITIKISOTING TO DEATH BOT IN	OI KEDATED TO THE TERMINA	EDISEASE CONDITION GIV		PERFORMED?	
None		***			YES NO K	
FOR LUKIWAKE AM OF CONTRIBUTIONS I	E HOW INJURY OCCURRED. (E					
	lipped and fell					
20c. TIME OF INJURY Month, Day, Year 20d. Hour XXX 3 100 p. m. Apr. 221956	INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form, iry, street, office bldg., etc.)	20f. (City or town)	(County)	(State)	
3:00 p.m. Apr. 221956 at w		t home	Boonsboro,	Wash	Md.	
21. I certify that I taak charge af the	remains described above	e, held an Autopsy	, Inspection x,	Inquiry 🗍	, and find that	
death resulted fram: Natural causes	, Accident X, Suice	ide . Homicide	7, Undetermined c	ause .		
00001	00					
SIGNATURE DI Robert W	ella	M.D. CHIEF MEDICAL EXAM	INER 🗆		DATE SIGNED	
JIGNATORE		ASSISTANT MEDICAL E				
EXAMINER'S NAME (Type) S. Robert Wells	, ¥. D.	DEPUTY MEDICAL EXA	1000	4-30-5	6	
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY 22	d. LOCATION (City, town, o	or county)	(Slote)	
REMOVAL (Specify) Burial 5-1-56	Boonsboro		Boonaboro		ryland	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24o. REC'D 8	Y REGISTRAR 24b. REGIS	TRAR'S SIGNATUR	RE	
Brod Fred Dove Bo	consboro, Md.	Mayz	.1956 6Kg	sHBe	cerero	

MEDICAL EXAMINER'S CERTHIDATE OF DEATH

NO. 5 (ORDER ... Properties)

County for the

BUREAU V. S.

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DECENSED

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04513

302 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Washi	ngton MARYLAND	2. USUAL RESIDENCE (Where deceased lived. rland b.	If Institution: Resider COUNTY Wash	
and give nearest tow	of outside corporate limits, write the stage retown	c. LENGTH OF STAY IN 16 2 days	c. CITY OR TOWN (I	f outside corporate limit Hagersto		give nearest town)
	ngton County	not in hospital, give street address) r Hospital	d. STREET ADDRESS Mt. Etne	Road		o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Franc	Middle ces Elizabeth S	losi Smith	4. DATE OF A	Month 25	Doy Year 56
5. SEX Female	White	WIDOWED DIVORCED	June 7,19		yeors IF UNDER 1	YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATI during most of worki	ON (Give kind of work doing life, even if retired) Cashier	ne 10b. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Stock	or foreign country)	12. CITIZ	USA
13. FATHER'S NAME	Reeby Thomp	son	14. MOTHER'S MAIDEN	No Record		
15. WAS DECEASED EN (Yes, no. or unknown)	/ER IN U. S. ARMED FORC		Mr. Robert	t A. Smith-	Address Hagerstov	wn, Md.
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DOINY, which diote couse		gun shot wor omen (Hemori ,22		ck)	INTERVAL BETWEEN ONSET AND DEATH 2 days
5 649x	Pi	TIONS CONTRIBUTING TO DEATH BUT N regnancy - Pre-matu DESCRIBE HOW INJURY OCCURRED. (E	are delivery	stillborn	- 8 mos	PERFORMED? YES NO X
20g. EXTERNAL CA PRIMARY 1 or CO CAUSE OF DEATH.	INTRIBUTING		n chest & abo			
20c. TIME OF INJU	1	20d. INJURY OCCURRED 20e. PLA White Not white foct of work 12 I	CE OF INJURY (Home, for ory, street, office bldg., etc HOME	:.) :	(Cou - Hagerst	
	from: Natural co	of the remains described abo auses, Accident, Sui			n . Inquiry ined cause .	
ACTUAL SIGNATURE	5, Robei	Theells	M.D. CHIEF MEDICAL E	The second secon		DATE SIGNED
EXAMINER'S NAME (Type)	S. Robert	Wells, M.D.	DEPUTY MEDICAL	COLUMN TO STATE OF THE PARTY.	4-	25-56
220. BURIAL, CREMATIC REMOVAL (Specify Burial	ON, 22b. DATE THEREOF 4-28-56	22c. NAME OF CEMETERY OR West View Co		22d. LOCATION (City Atlanta	, town, or county)	(Stote) Georgia
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	24a. REC		b. REGISTRAR'S SIG	NATURE /
Andres	W W 0-00	Hagerstown	Md. Also	7/- 1956	250141	to very

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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		00 Black 447/4538 10 Aug 1 Aug
		Total and a company of the company o
BUREAU V. S		

Reg. Dist. No WASHINGTON e. IS RESIDENCE YES NO Day Year 8 19 56 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days

	WHILLIE	MIDOMED T	DIAOKCED [OF I I	1000	- 6	yrs.			
CUPATION	(Give kind of work d	ane 10b. KIND OF	BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (State or fo	oreign country)		12. CITIZE	N OF WHAT	COUNTRY
MER	ille, even ir renredj	TENANT	FARMER	MARY	LAND			U.	S.A.	
AME				14. MOTHER'S	MAIDEN NAME	E				
R TRU	MPOWER			MALIN	DA TRAY	ER				
	N U. S. ARMED FORCE		ECURITY NO. 17.	NFORMANT	7		Addres	s		
(11)	res, give war or dates of sec		6-1368 N	RS. LOUI	SE COME	R CLEA	AR SPRI	NG RT	I	
OF DEATH	Enter only one cou	se per line for (a),	(b), one (c).]	2 21	0	1			INTERVAL BE	
	WAS CAUSED BY:	Ce	rebras	2 the	Kero	Des		· ·	ONSET AND	V
4×	DUE TO	()-	1	n N	1	t				
ins, if any,		Cer	lerice	VC	sero	Delse			04	200.
se to imm	S DITE TO								1	
se last.	(c)								9.33	
IT II. OTHER	SIGNIFICANT COND	OITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO	THE TERMINAL	DISEASE CON	DITION GIVEN	IN PART 1(PERFO	AUTOPSY RMED?
RIBUTING 🗌	UNDERLYING [] CAUSE OF DEATH EDICAL EXAMINER)	206. DESCRIBE HO	W INJURY OCCURRE	D. (Enter nature a	injury in Part I	l or Part II of i	tem 18.)			
o. m. p. m.	Manth, Day, Year		while fa	ACE OF INJURY (ctory, street, office	dome, farm, 20 bldg., etc.)	Of. (City or tow	rn)	(Cou	nty)	(State)
rtify that	Lattended the	deceased fram	Debt	15, 1953	, to (x/b)	sel 8.	, 1956	that I las	t saw the	deceased
-12	Bril 7	, 19 56,	and that death	accurred at	asold, M					
A	wilk	Drew	res Mix	mn 12		RESS (Street, ci				ATE SIGNED
I'S D	avid	R.B	rewe	T. M.D	1	1				-1-7-5-3
REMATION,	226. DATE THEREO	22c. N/	ME OF CEMETERY C	R CREMATORY	22d.	LOCATION (C			(State	e)
(Specify)	4/11/56	ST	PAULS CEN	TETERY		CLEAR	SPRING	MD.		
RECTOR'S	WERAL HOME	ADI	DRESS		24a. REC'D BY	REGISTRAR	24b. REGISTE	AR'S SIGNA	TURE	
7	Clar	E CLE	AR SPRING	MD.	DATE ahr	2-13-57	Ler	147	mfo	Thelen
-		9 1 1 3 4			1			1	Defre	4

may be retained by 11/10 FUNERAL DIRECTOR.
page 3 shauld be deta prior

VS A1S (4) 1SM 9/SS

ACTUAL

PHYSICIAL NAME (Ty 22a. BURIAL C

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	en e		
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		Tel Marie Commission of the second	4
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			100
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ends inside offer with a plant of	The state of the s	The first one (free one yet to the friends)	

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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04516

Dr.W.T.I	ayman	45'	3 CERT	IFIC/	ATE OF DEATH	1		Reg. Dis	t. No.	30	02
. PLACE OF DEATH	Vashingto	n	MAR	YLAND	2. USUAL RESIDENCE (WHO o. STATE Mary		d lived. If institution b. COUNTY			e admissi	
b. CITY OR TOWN (If RURAL and give ne	outside corporate limit	s, write	c. LENGTH OF STAT	r IN 16	c. CITY OR TOWN (If a	outside corpo	orote limits, write R			-	
Hagera	stown		5 days	3	Hagerst	own			03		
OR INSTITUTION	at (If not in hospitol, g				d. STREET ADDRESS 204 Bell	eview	v Ave.	5 3	1	ON A	DENCE FARM? NO
NAME OF DECEASED (Type or print)	Fin LARY	1	FLORENCE		VANDRUFF	4. DATE OF DEATH	Mon Apri		Do 7		ear 9 56
SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARR	IED 🔲	8. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER		7	
Female	White	WIDOW	DIVORCE	ED 🔲	Jan. 5,186	8	88 yrs.	Months	Days	Hours	Min.
during most of work	N (Give kind of work of ing life, even if retired)	one 10b.	Own Home		STRY 11. BIRTHPLACE (Stole Riley.	or foreign c			USA		COUNTRY
FATHER'S NAME					14. MOTHER'S MAIDEN N	AME					
Thomas	SOsbourn	е			No Re	cord					
. WAS DECEASED EVER	IN U. S. ARMED FOR	ES? 16.	SOCIAL SECURITY NO		NFORMANT	4-1-	Addi				
NO UNKNOWN)	If yes, give war or dates of se	rvice)	None	Ì.	rs.Ruby Zei	gler-	-204 Bel	levi	ew	Ave	
	TH [Enter only one co IH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO		emia (c))-]					INTE	72 h	WEEN DEATH
Conditions, if on	y, which) (b)	Apt	eriolar l	Veph	rosclosis				ପ୍ରା	lest	iona
gove rise to in couse (o), stating t lying cause last.	he under- DUE TO				rdiovascula					2 Yr	
Basilar	Bronchopr			5 d	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	1(0) 1	9. WAS A PERFOR	RMED2
20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY (OCCURRE	D. (Enter nature of injury in I	Port I or Par	t II of item 18.)				
20c. TIME OF INJURY Hour a. gr. p. m.	Manth, Day, Yea	While	Not while at work	20e. PL	ACE OF INJURY (Hame, form ctory, street, office bldg., etc.	, 20f. (City	or town)	(C	ounty)		(Stote)
21, I certify the	at I attended the	deceas	ed from April	2,	, 19 56, to A	pril	7,156	"that I le	ast sa	w the	deceased
alive on Ap	ril 6 /				occurred a5:27A						
ACTUAL SIGNATURE	(1) Toy	man					treet, city or town,		(Jon's	TE SIGNED
PHYSICIAN'S W	T. Laym	an,	M. D.		5 Public	Sq.,	Hagerst	own,	Md	. e	
Ro. BURIAL, CREMATION REMOVAL (Specify)	1, 226. DATE THEREO	1	22c. NAME OF CEM		R CREMATORY BW Cemetery	22d. LOCA R11	FION (City, town, o	ev Co		(Stote Kans	•
FUNERAL DIRECTOR'S			ADDRESS			BY REGIST		TRAR'S SIG			1
Andrew K.	Coffman	-Has	erstown,	Ma	ryland Ste.	9.195	1 Stra	14/2	300	we!	W

VS A15 (4) 15M 9/55

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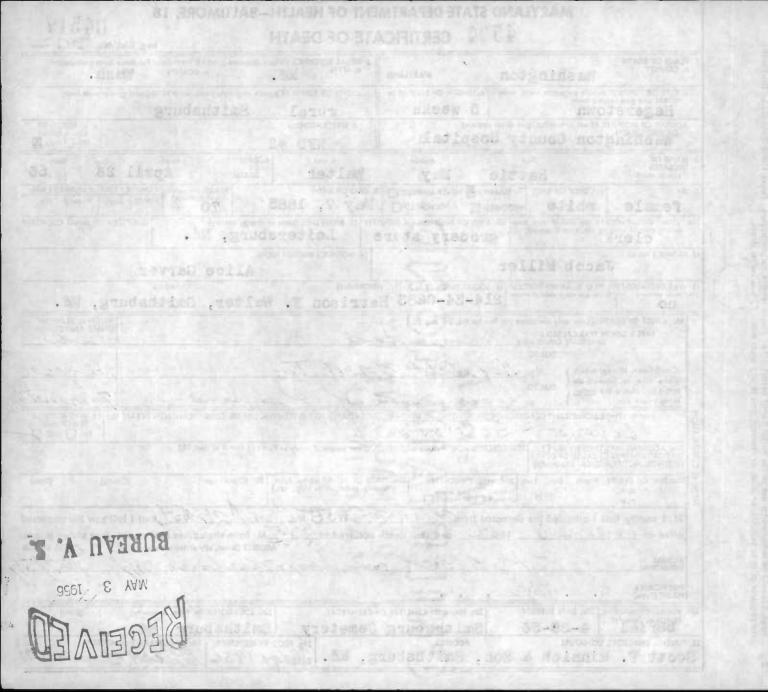
VS A15 (4) 15M 9/55

G PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4504 **CERTIFICATE OF DEATH** ()4517 Reg. Dist. No. 302

1. PLACE OF DEATH a. COUNTY	Washingto	n MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived. It institution b. COUNTY		
b. CITY OR TOWN RURAL and give of Hagers		c. LENGTH OF STAY IN 16 5 weeks	c. CITY OR TOWN (III	autside carporote limits, write f		arest tawn)
d. NAME OF HOSPI	TAL (If not in hospital, give st gton County	reet address)	d. STREET ADDRESS	2		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Hatt	ie May	Walter	4. DATE Mor	pril 26	
5. SEX female		MARRIED NEVER MARRIED DIVORCED DIVORCED	May 7, 188	9. AGE (In years last birthday) 70 yrs.	Months Doys	Hours Min.
10a. USUAL OCCUPATI during most of wor	(king life, even if retired)	10b. KIND OF BUSINESS OR INDI		e ar foreign country) rsburg, Md.	12. CITIZEN O	F WHAT COUNTRY?
13. FATHER'S NAME	Jacob Mille	r	14. MOTHER'S MAIDEN	Alice Gar	ver	
15. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		Harrison F.		thsburg	, Md.
Conditions, if a gave rise to code (a), stoting lying couse last.	the under (c) (c)	paremond paremond paremond Southill Ting To DEATH BU Sclerosis		ance as	/EN IN PART 1(0)	Monuty 9. WAS AUTOPSY PERFORMED? YES NO
	G CAUSE OF DEATH (MEDICAL EXAMINER) RY Manth, Day, Year 2:	DESCRIBE HOW INJURY OCCURR Od. INJURY OCCURRED /hile Not while fiverk of twork	PLACE OF INJURY (Home, fa actory, street, affice bldg., e	m. 120f. (City or town)	(Caunty)	(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the dec	ohler	h occurred at S	ADDRESS (Street, city or town,	and on the dat	the deceased the stated above. Apply 51 GNED
22a. BURIAL, CREMATIC REMOVAL (Specify DUT 1A L	22b. DATE THEREOF 4-28-56	Smithsburg		22d. LOCATION (City, town, Smithsburg,	or caunty) Md •	(Stote)
23. FUNERAL DIRECTOR SCOTT F.		ADDRESS Son, Smithsbu	24g. RE	D BY REGISTRAR 245. REGI	STRAR'S SIGNATUR	evers



VS A1S (4) 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4505 CERTIFICATE OF DEATH

Reg. Dist. No.

04	5	1	i	3
la		3	3	1

1. PLACE OF DEATH 0. COUNTY	Washingto	n	MARYL	AND	2. USUAL RESIDENCE (o. STATE	Where deceas	ed lived. If institu b. COUNT	ion: Residen Wash	ce before od	lmission) ON
b. CITY OR TOWN (I RURAL and give no	f outside corporate limi	ts, write	c. LENGTH OF STAY I		c. CITY OR TOWN (orote limits, write	RURAL and	give nearest	town)
nag	erstown		3 months	3	Cav	etown				X
OR INSTITUTION	AL (If not in haspital, g Ock Nursi				d. STREET ADDRESS				0	RESIDENCE IN A FARM? S NO A
3. NAME OF DECEASED (Type or print)	Fir Anna		Middle Florence	e	lost Waltz	4. DATE OF DEAT		ril	22,	Year 19 56
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	B XI 0	. DATE OF BIRTH		9. AGE (In year	IF UNDER	1 YEAR IF U	INDER 24 HRS.
female	white	WIDOW		_	April 2,	1874	last birthday)	Months	Days Ho	urs Min.
10a. USUAL OCCUPATION during most of work gene:		dane 10b.	farm	INDUST	Caveto	wn, M		12. CIT	IZEN OF W	HAT COUNTRY?
13. FATHER'S NAME					14. MOTHER'S MAIDER			-		
	Wartin L.				8-24	Marg	aret E.		off	
1S. WAS DECEASED EVE [Yes. no. or unknown)	R IN U.S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.		FORMANT			dress	272	
no			400 000	Ty	son R. Wa	Itz,	Hagerst	own,	Md.	
The state of the s	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	11.	teric Scler	ti	Heart ile	sease	with	775	ONSET A	ND DEATH
Conditions, if o gave rise to it carse (a), stating lying couse last.	the <u>under-</u>)	nyocardial	fai	NOT RELATED TO THE TE	DIAMMAI DICE	SE CONDITION C	IVENI INI DAG	T 1/-1/19 W	/AS AUTOPSY
САТІС		DITIONS	CONTRIBUTING TO DEA		NOT KEDATED TO THE TE	RIVINIAL DISEA	CSE CONDITION O		PI	REFORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRED	. (Enter noture of injury	in Part I ar Pa	ort II af item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	While	NJURY OCCURRED Nat while		CE OF INJURY (Hame, foory, street, office bldg.,		ty or town)	(1	County)	(State)
21. I certify the alive an 20 grantus of the signature of	at I offended the		/	death	, 1946, to 2 occurred of 4/1			ond on t		the deceased toted obove DATE SIGNED 23 gy
PHYSICIAN'S F	F. Lus.	by			Hage	rsto	Wn 7	И.		/
220. BURIAL, CREMATIC REMOVAL (Specify) DUPTAL	22b. DATE THEREC	. /	20c. NAME OF CEME Smithsb		CREMATORY Cemetery		ation (City, fown,			(Stote)
23. FUNERAL DIRECTOR SCOTT F.		s Soi	ADDRESS n, Smiths	burg		EC'D BY REGI	STRAR 24b. REC	ASTRAR'S SIGNAL	SNATURE Dow	erso

CERTIFICATE OF DEATH

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	X000	321(11110)			Reg. Dist. No	. 300	
I. PLACE OF DE	ATH		2. USUAL RESIDENCE (WE	here deceased lived. If institution		ore admission)	
a. COUNTY	Washington	MARYLAND	a. STATE Mary	land b. COUNTY	Washi	ngton	
b. CITY OR T	OWN (If outside corporate limits, write I give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	outside corporate limits, write R	URAL ond give ne	arest town)	
	rstown	3 hrs.	Hagersto	wn	03		
d. NAME OF	HOSPITAL (If not in hospital, give street	address)	d. STREET ADDRESS		1	e. IS RESIDENCE ON A FARM?	
Washi	ngton County Hos	spital	277 Sou	th Potomac S	St.	YES NO	
3. NAME OF DECEASED	First	Middle	Lost	4. DATE Man	oth D	ay Year	
(Type or print	n ALICE	EMMA WI	LEY	DEATH April	2	19 56	
S. SEX	6. COLOR OR RACE 7. MARR	HED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days	R IF UNDER 24 HRS.	
Femal	e White wow	DIVORCED	Aug. 8,188	8 67 yrs.	Months Days	Hours Min.	
10a. USUAL OCI during most	CUPATION (Give kind of work done 10b. of working life, even if retired)					OF WHAT COUNTR	
Bin	der - Hag. Book	Binding	Hagerst	own, Md.	US.	A	
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN N				
	lliam S. Moore		Sarah	Miller			
Yes, no or unknown	SED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	INFORMANT	Add			
NO	2	14-09-7039-r	. Charles R	. Wiley-277	S. Pot	onac St.	
	OF DEATH [Enter only one cause per lin	ne for (a), (b), and (c).]			IN	TERVAL BETWEEN	
PAR	MANIEDIATE CAOSE (d)	ardiac Failu			3	days	
1120),	yocardial in				months	
	(D)	oronary arte				Unknown	
	stoting the under-	ardiac hyper	rthrophy, be	enign nephro	scleros	is	
lying cous	, (-)						
PART	II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	/EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?	
<u> </u>					7444	YES NO	
OR CONTRI	ENT WAS UNDERLYING 20b. DESC BUTING 2 CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Port 1 or Port II of item 18.)			
		NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	, 20f. (City or town)	(County)) (State)	
Hour Hour	p. m. 19 While at worl		ctory, street, office bldg., etc	.1			
	tify that I attended the decease	ed from Let. 2	10 16 mla	mil 2 , 195	Sahat I last a	au the deces	
	1			M, from the causes of			
unite on.	10:0	, and mar deam	r occorred divisions	ADDRESS (Street, city or town,	state)	DATE SIGN	
ACTUAL	y y das	la br	40				
			m.v				
PHYSICIAN' NAME (Typ	'\$ •)	0					
	EMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, o	or county)	(Stote)	
Buria		Rest Haven	Cemetery	Hagerstown	, lad.		
23. FUNERAL DI	RECTOR'S SIGNATURE	ADDRESS	240. REE'	D BY REGISTRAR 245 REGA	STRAR'S SIGNATU	IRE)	
Andrew	K. Coffman-Hag	erstown, Mar	yland well	2.5/956 69h	24/130	ever	

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 shathe registror prior to burial, cremation, or removal, and in any event within 72 hours offer death. may be retained by the TO FUNERAL DIRECTOR: TO HOSPITAL OR VS A15 (4) 15M 9/55

G PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft

sital or ottending physician

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		STORE A STORE	
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acei e A9A		STATE OF THE STATE	S. MANAGE
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131/11/11/11/11	CONTRACTOR OF THE PROPERTY.		
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VS A15 (4) 15M 9/55

ARYLAND	STATE	DEPARTMENT	OF HE	ALTH-	-BALTIMORE	, 1	1

CERTIFICATE OF DEATH

8 04520 Reg. Dist. No. 302

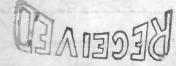
	4507	CERTIFIC	ATE OF	DEATH			Reg. Dist	. No.	302
1. PLACE OF DEATH o. COUNTY Wash:	ington	MARYLAND 2. USUAL RESIDENCE (Where deceased lived. II institution: Resident o. STATE Md e Md e				dence before admission)			
b. CITY OR TOWN (IF	f outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY O			ote limits, write RI			
RURAL ond give ne Hager		5 years		Hagers	stown				
	AL (If not in hospital, give street		-	ADDRESS				0.	IS RESIDENCE ON A FARM?
	ferson Blvd.		1969	Jeffe	erson	Blvd.			YES NO T
3. NAME OF	First	Middle			4. DATE	Mon	h	Day	Year
(Type or print)	Bessie	M.	Wol	fe	OF DEATH	4		79	1956
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BII		9	AGE (In years last birthdoy)			F UNDER 24 HRS.
female	whitewoow		3/8/7	878		78 yrs.	Months D	Days	Hours Min.
10a. USUAL OCCUPATIO	N (Give kind of work done 10b.	KIND OF BUSINESS OR INDE	JSTRY 11. BIRTH	IPLACE (Stote o	r foreign cou		12. CITIZ	EN OF	WHAT COUNTRY
housew	ing life, even if retired)	own home	M	arylar	nd		Mar The	U.S	3.
13. FATHER'S NAME	-10	J W11 210MC		S MAIDEN NA				0 .1	у е
Danie	l Himes		Vi	rginia	Bro	t.m			
15. WAS DECEASED EVER	IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	TETITC	2 2010	Addr	ess		
(Yes, no, or unknown)	(If yes, give war or dates of service)	none W	illie	R MOI	fe,	Myersvi	770	Md.	
	TH [Enter only one cause per li		44446	D. WOI	100	MACLEAT	TTE		VAL BETWEEN
	TH WAS CAUSED BY:		71.	and to	- 12 C				T AND DEATH
420.1	IMMEDIATE CAUSE (o)	conary	mi	2000	2000			0	non
	DUE TO	1/							
Conditions, if or									
couse (o), stoting t		7-1	aler						
lying couse lost.) (c) C								
PART II. OTH PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	IER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED	TO THE TERMIN	IAL DISEASE	CONDITION GIV	EN IN PART		PERFORMED? YES NO
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter noture	of injury in Po	ort I or Port	II of item 18.)			
3 20c. TIME OF INJURY	Y Month, Day, Year 20d. I	NJURY OCCURRED 20e. P	LACE OF INJURY	(Home, farm,	20f. (City o	or town)	(Co	ounty)	(Stote)
Y 20c. TIME OF INJURY Hour o. ji.	19 While of wor	Not while	octory, street, off	ice bldg., etc.)					
			10-1	77	1	10 5	/		
	at I attended the deceas	~/ / /	195	/2	my				v the deceased
alive and	ref 17 125	2, and that deat	h accurred o		M, fram	the causes a	nd an the	a date	stated abave
	1. 19 11	1		/ A	DORESS (Stre	et, city or town,	state)	1	DATE SIGNED
SIGNATURE	74100	elles/	M.D				upor,	12	0.195
PHYSICIAN'S NAME (Type)	r. G. A. Koh	ler		Smithh	ourg.	Md.			
220. BURIAL, CREMATION	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCATI	ON (City, town, o	r county)		(State)
REMOVAL (Specify)	4/22/1956	Mt. Carmel			-	derick		Md.	
23. FUNERAL DIRECTOR'S	- 1, 55/ - 1/0	ADDRESS			BY REGISTR)
Gladhil				offer.		n//	11/1/0	1	vers
GTauntT-	1 Co., Midd:	letown, Md.		WHEL.	49111-	- will	14/1	6	2000

HI ARD HO STADRINGSON

SKOUTTON

BUREAU K. &

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IN THE REPORT OF THE PARTY OF T